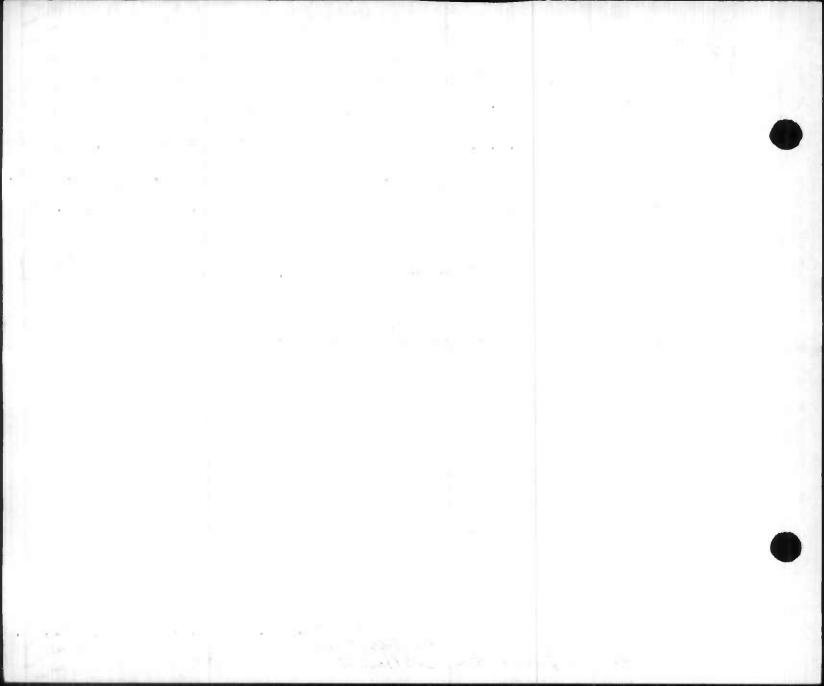
4 1		STATE REGISTRAR EASED NAME FIRST	ETITYE MIDDLE MCGR		CATE OF DEATH	REG. NO.	2 8	YEAR 26, HO
		BETT	YE ACGRATH	TITTE	BOTT	/		84
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35		THPLACE (STATE OR FOREIGN MARYLAND	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR ANNE ARI		DEATH CO.,
3 7 10	CIT	Y OR TOWN OF DEATH ANNAPOLIS	11. NAME OF HOSPITAL, NURSING ANNE ARUNDEL		ROTHER INSTITUTION HOSPITAL	126 USUAL OCCUPATION OF FIRE A	N WORKING LIFE) IN	KIND OF BUSIN NDUSTRY INDUS . N
35	a ST	RESIDENCE (IF NURSING ME OR ATE ATE METERS)	OTHER INSTITUTION GIVE RESIDENCE BEFOR ITY CHESTER TODDY	TLLE	13d INSIDE CITY LIMITS? YES NO TO	BOX 140,	zip code I'Oddvi	21672 lle,Md.
War Com	. FAI	HER'S NAME ELDRIDGE	MMETT McGRA	тн	GRACEST	PAULIN		TÖDD
The dica	M	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU 220-28		DONALD L.			13e
rent, the		PART I. DEATH WAS CAUSE	ly one cause per line for (q), (b), an D BY: E CAUSE (o)	/ -/	Henroekow		-	APPROXIMATE INTE BETWEEN ONSET AN
ather traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) FRUE	ENCE OF	i Isalone	Avenauce		
any injury, ar		Hyperten	ONDITIONS CONTRIBUTING TO	DEATH BUT				
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5	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOW	N	COUNTY
rked		22a Lausifu shas (I) (the harni	tal) attended the deceased from	ner		10 New C		that (I)
21 is marked o		saw the deceased alive an	CL =	, or	d that in (my) (our) apinion i	death occurred on the dat		
If Item 21 is marked o		saw the deceased alive an	-hu 2 19	, , ,	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF		22c DATE SIGNED
f them 21 is marked of		saw the deceased alive an abave, (I) (we) (did) (dra no 22b. SIGNATURE	t) view the body after death. B. Ann	le ç	DEGREE ATTENDING	MEDICAL STAFF		

STATE OF MARYLAND



1	FOR = STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	969
3. S 7a. 10. Junior of the political and place of the place of the political and place of the political and place of the pl	BIRTHPLACE ISTATE OR FOREIGN 76. COUNTRY) CITY OR TOWN OF DEATH 11. QV & S (M V) LE 3 UAL RESIDENCE HENURSING HOME OR OTHE STATE FATHER'S NAME (INS) MIDD	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED RISTITUTION RESIDENCE BEFORE ADMISSION) 134. INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE CITY LIMITS? YES NO DE TOWN 15. MOTHER'S MAIDEN N. FIRST LE LAST LE LAST 15. MOTHER'S MAIDEN N.	P. BALLIMORE CITY OR COUNTY OF PARTY OF WORKING LIFE) 12a USUAL OCCUPATION ITYTO POPER FOR MOST OF WORKING LIFE) 13a STREET ADDRESS AME MIDDLE	FUNDER 1 YEAR IF UNDER 24 HRS NOTHS DATS HOURS MIN. DF DEATH 126. KIND OF BUSINESS OR
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EAL DIRECTOR, After this certificate has been sign educated for use as the burial-transit permit. Then State Dept. of Health and Mental Hygiene prior to be ANT: If frem 21 is marked as frem 18 shows any injury MEDICAL CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTION SAUSE OF DEATH (IF EITHER NOT BY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) (this haspital) sow the deceased alive an obove, (I) (we) (did) (did not) vice 228. SIGNATURE	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) Ottended the deceased from SCHEWICE V., 19, 84 OUTUBLE 9, 19, 84 OTTENDENCE TO DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH? NO N
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DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL retained by the

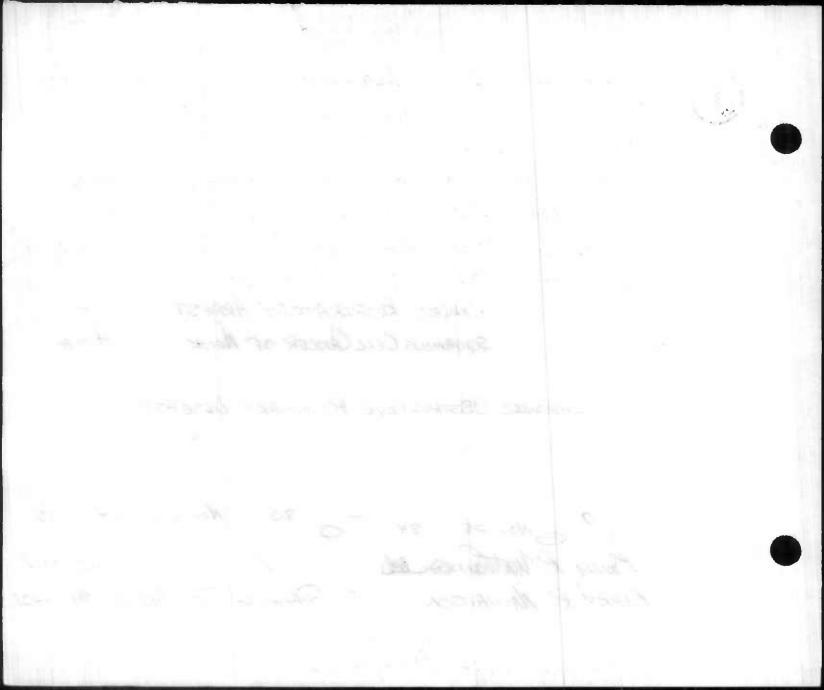
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12	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	H	2 8 ·	1 / 0	
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and the state of t		Innapolis	onne arunei	General Hospit	(Tyryfor work to	WITE	126. KIND OF BUSINE INDUSTRY	:SS OR
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by the house of detached of Jaraham of Jaraham of detached of Jaraham of Jara		226 SIGNATURE	yothango.		DING MEDICAL	STAFF PHYSICIAN [11/26/S	24
O HOSPITAL etained by the TO FUNERAL should be det with the State important:		BAPLY P.	NATHANSON	51 FRA	ANKLIN S	F. ANL	AP. MAS	1140
BP	1	BURIAL, CREMATION, REMOVA	11/29/84 Ta	HUN'ES	HUNA	phis	9p M	か.
DHMH - 16 50M 4/83 (VRA 15, 4)	10 F	UNERAL DIRECTOR	1 Bilonel ADDA	Unantic MA	NOV 2 8 198	STRAR 256 REGISTR	AR'S SIGNATURE	

STATE OF MARYLAND

28970



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may Toe

campletely filled in by the funeral director. Front 2 should be filed within 72 hours often

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSIENE 4

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Alia Davidson-Rondosse

1	REGISTRAR	CERTI		REG. N	O.		
	ECEASED NAME FIRST	1 M. al	len	20. DATE OF DEATH	MONTH DAY	84 5	DUR M
3. SE	* female	white state	OF BIRTH	6. AGE LINYEARS LAST BIR	YRS.	DAYS HOURS	ER 24 HRS
	IRTHPLACE STATE OR FOREIGN CFJ.N.R.T. CFJ.	76 CITIZEN OF WHAT COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED DIVORCED DI	Anne Arune			MD.
10. C	in apolis	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	or other institution	120 USUAL OCCUPAT TYPE OF WORL FOR MOST OF THE OFFICE OF WORLD	OF WORKING LIFE) IN	NOUSTRY	NESS OR
130.3	STATE 136 COUN	other institution, give residence before admission ity light city or town Glen Burnik	13d. INSIDE CITY LIMITS?	13e.SIREET ADDRESS	SOLOCO	nct.	2100 2000
	ATHER'S NAME Charles	Mesnaña Mesnaña	15. MOTHER'S MAIDEN NAM Myntile	M. MIDDYT	rney	LAST	
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNITED YN) LIF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 324-22-6651	Mr. Robert (Allen 454	ESevenna 4 River	Road 21	146
18	COLE CARE	DUF TO, OR AS A CONSEQUENCE OF	/			/	
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician

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Andrews Andrew Tackend Tacker Holds (1) Tacker Tacke TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with the State Dept, at Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, thi

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE

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Н		CEASED NAME	EIRST		WIDDLE	1	AST	20. DATE OF DEA	H MONTH	DAY YEAR	25 HOL	JR
1	1104		Marga	ret.	М.	Δr	nderson	Nou	10	1984	6	PM
1	3. SEX			RACE	11.	5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	# UNDER	24 HRS
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		AL RESIDENCE (IF NURSI	13b. COUNT		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CO	ODE	20	SXC
	. M	d.	A.A.	Co.		River			halk		Rd.	
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l.		John		rman	Enser	nger	Gertr	nide	M.E.	unkno		
1		VAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT		DDRESS	UIIAII) WII	
1	(1	(ES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)			Susan N.	Rattie o	2770 0	a 126		
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				DUE TO, O	R AS A CONSEQUE	NCE OF				1		
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		gove rise to imm couse (a), statin	g the	DUE TO, OI	r as a conseque	NCE OF						
		underlying couse	lost.	(c)_								
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	CERTIFICATION											
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		OR CONTRIBUTING []		1	M. MONTH DA							
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			id) (and not)	view the body	after death.				ne dore and i			
		77h SIGNATURE	lid) (drd no))	view the body	ofter death.		DEGREE			22c. DATE		
			Mid) (did no)	view the body	ofter death.		ATTENDING	MEDICAL PH	STAFF _			N-11
			MA	1/1	ofter death.		ATTENDING	MEDICAL	STAFF _			2140

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TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR Har desty Funeral Home

11/13/84 12om Bidgely Ave.

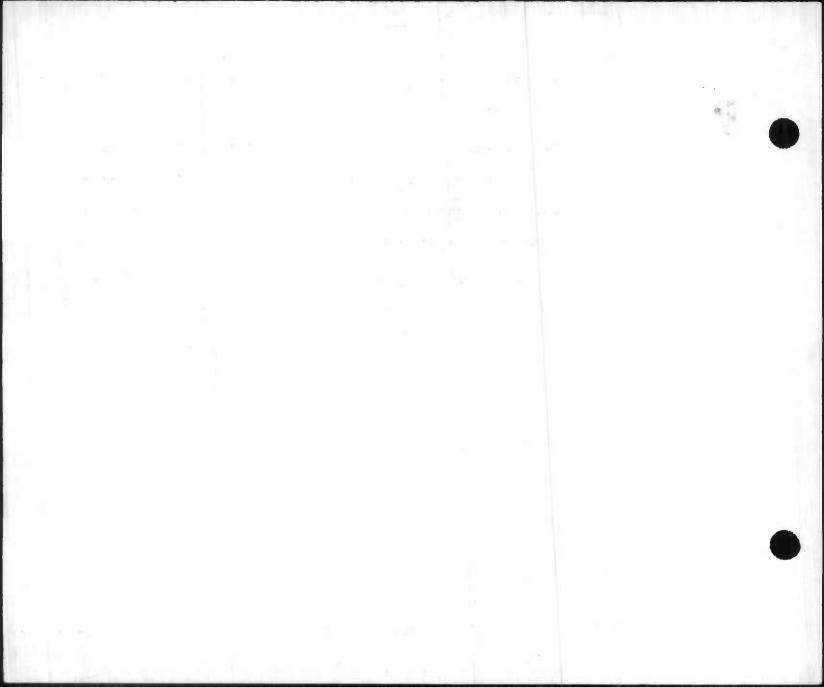
23b. DATE

234. NAME OF CEMETERY OR CREMATORY Lakemont Cemetery

Malocation
City or town
Davidsonville

A.A. Md.

BY REGISTRAR 755 REGISTRAR'S SIGNATURE



by the offending physician and c

signed by the

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OR ATTENDING PHYSICIAN, The

TO HOSPITAL

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MPORTANT: If hem 21 is marked or O FUNERAL DIRECTOR, After the hauld be detached for use as the with the State Dept. of Health and

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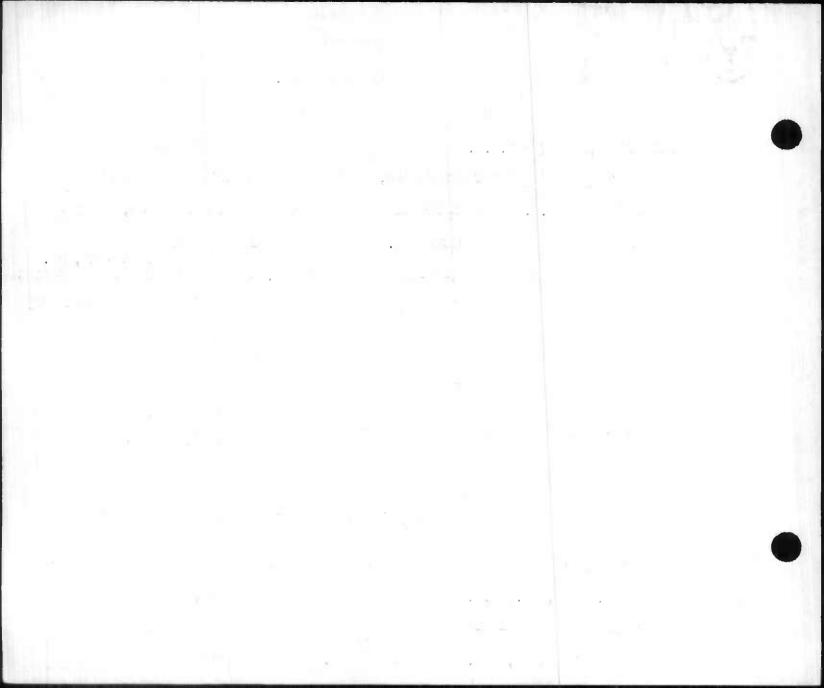
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Tender The Continue The Contin	양	_		S APMED FORCES?			17 INFORMA	NT			יאי דע	IIDNITI	E' MI	
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				L HOME, IN	IC. 4107			NOV	REC'D. BY REGISTRAL 2 9 1984	R 25b. REGI	STRAR!	SIGNA	HELDE	L

DHMH - 16 50M 4/83 (VRA 15, 4)



requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 show pany injury, ar other traumatic event, the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCHENE

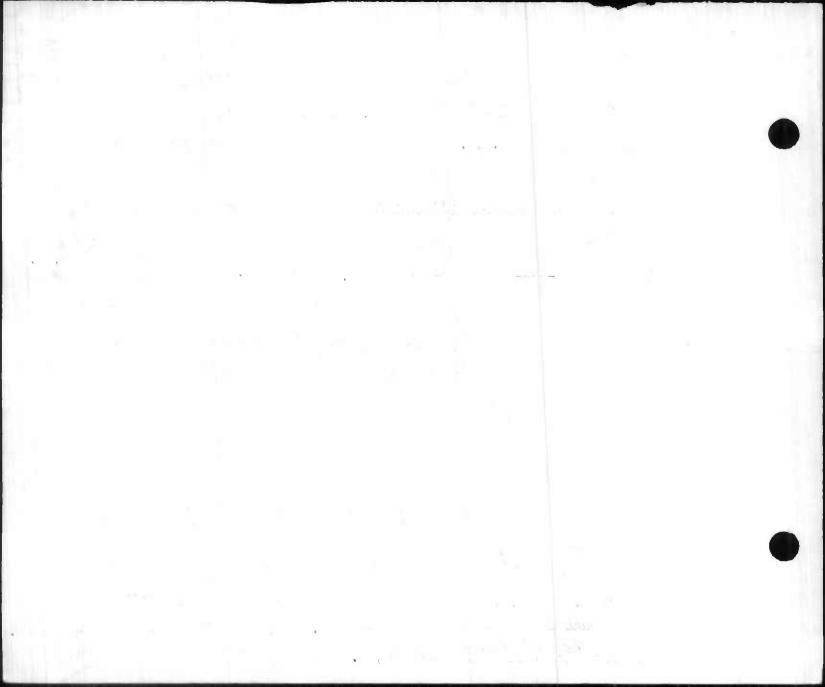
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Reference on the date and bates 218-18-5213 Ma. Walter Appleby 192 Obrecht Road 21108	2		MIDDLE Steir	2	A FIRST	WIDDLE	Ge	islen
18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), ond (c)	1	160 WAS DECEASED EVER IN U.S. AR (YASYNO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)	4.0			s Millers	ville, Md.
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270. I certify that (I) (this haspital) of ended by deceased from 19		21d INJURY OCCURRED	21e. PLACE OF INJURY			CITY OR TOV	VN COUNTY	y STATE
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DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1216. DATE SIGNED 1276. PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSIC			/ / = / V.	16-14	1907		19	, that (I) (we) last
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA		above, (1) (we) (did) and no	ot) view the body after death.			death accurred on the da		
276 ADDRESS 7845 OAKWOOD ROAD 10NG S HSI M. D. 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY STATE OF THE PURISH SURVIVE Anne Arundel 1 24. FUNERAL DIRECTOR M.C. (ully Funeral Home of Pasadena 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE		276. SIGNATURE	Ma		ATTENDING .	MEDICAL STAF	E 1/	-15-84
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

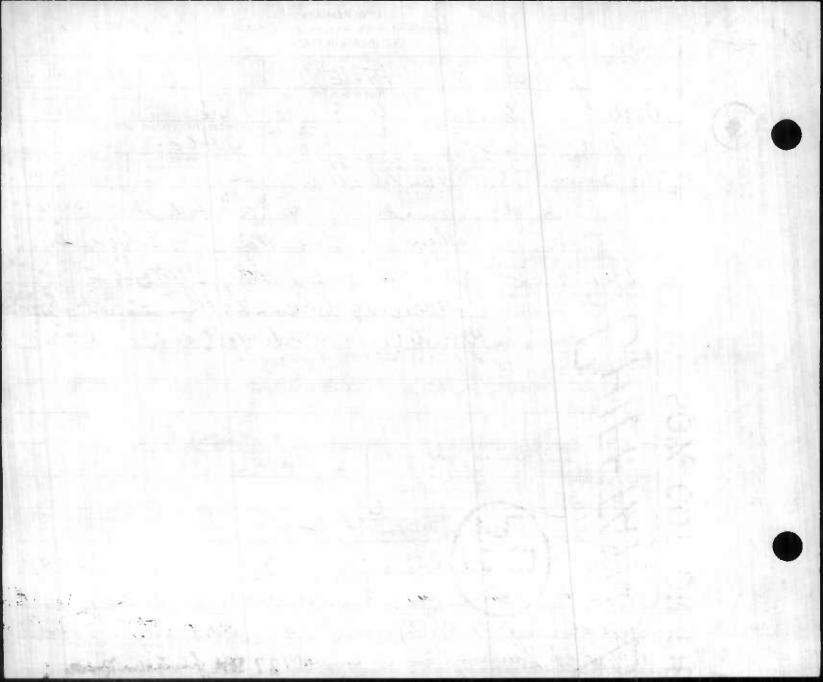


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	ay be aage 3 death	(TYPE	CEASED NAME OR PRINT)	W MIOOLE L	ATHEY	20. DATE OF DEATH	11 23	YEAR 26. HOUR AM
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IMORE,	n and co Pages I		VAS DECEASED EVER IN U.S. ARME (ES, NO ORUNKNOWN) (IF YES, GIVE W		9716 Carline &	Alliey -	Colore	
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AL RECO	The law rician. te has bee sit permit. giene prio	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO		RE FINDINGS USED CAUSES OF DEATH?
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician FOR STATE

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4 may be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF BEATH

9 7 6 8 CERTIFICATE OF DEATH

		REGISTRAR				REG. N				150	-
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		DAY	YEAR	26 HOU	
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2	130 S	at RESIDENCE (IF NURSING HOME OF TATE 136. COU			13d. INSIDE CITY LIMITS?		/ ZIP COI		Pas	21,12.	2
1	I4 FA	THER'S NAME FIRST William	MIDDLE NO	rris	15 MOTHER'S MAIDEN I			0	oke	7	-
	16a W			4-5891	Mr. John A. E	Babylon, Same	ess e as c				
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		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF	elevotie	- Josephan) is	ease			
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		22a. I certify that (I) (this hosp saw the deceased alive a		A 6	d that in (my) (our) opinio	on death occurred on the c	dote and h	_, 19 our and fr	om the	that (1) (s	we) lost
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumatic event, the

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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 44 CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 1. DECEASED NAME FIRST MONTH (TYPE OR PRINT) GUENTER BAHM 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE MONTH YEAR male Cau 9 19 9. BALTIMORE CITY OR COUNTY OF DEATH 24 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIEDX NEVER MARRIED COUNTRY Germany
CITY OR TOWN OF DEATH USA WIDOWED DIVORCED Anne Arundel

F	10. CT	TY OR TOWN OF DEA	TH 11		OSPITAL, NURSING H		PROTHER INSTITUTION	178 USUAL OCCUPATION TO THE STREET OF BUSINESS OR INDUSTRY				
		Ft. Meade			ough Army (n. Hosp.	Mechanical	Eng	US (GOV	
	13a S		136 COUNTY		give residence before admi 131. CITY OR TOWN Chesapeake	1	13d. INSIDE CITY LIMITS?	3901 Bayvi	ew Driv	re 2073	2	
1	14 FA	THER'S NAME FIRST Kurt	MID	DIE	BAUM		15. MOTHER'S MAIDEN NA FIRST Elizabet	WIDDLE	7	Veissba	ach	
		(YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) NO 344-18-5276				Bettye R. Baum same as 13e						
				BY:	line for (a), (b), and (c) CARDIAC AF		ST			approxim. Between on one	ATE INTERVAL ISET AND DEATH	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF											
-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO YES NO NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)								F DEATH?			
1		OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.A	A. MONTH DAY	YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	I OR PART 2)		
	MEDICAL	WHILE NOT WHAT WORK	INE C		EET FACTORY, OFFICE, FARM,		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		270.1 certify that (1) sow the decease obove (1) we) (2 118.5 SNATURY 114 PHYSICIAN'S NA	of this hospital and alive on I did (did not vertical)	L, MD,	ofter death. 19 82 CPT, MC	, on	Mediaal Cli	MEDICAL STADIRECTOR PHYSIC	FF	22c. DATE SI	OV84	
	- {	urial, cremation, speciBurial		11/20/	84 Gat	te o	EMETERY OR CREMATORY f Heaven Ceme					
	24 FL	1331 Rock	Wheel ville P	er Func ike Roc	eral Home, kville, Md.	Inc 208	52 250. DAT	V 26 1984	Julia Da	MOSON-	andala	

2b. HOUR

IF UNDER 24 HRS

17 84

DHMH - 16 50M 4/82 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN:

etoined by the hospitol

BP.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the buriol-transit permit the State Dept. of Health and Mental Hygiene pr

red for the fire heaville, but the control of the c Poges 1

njury, or other troumatic event,

CERTIFICATION

MEDICAL

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

MPORTANT: If them 21 is marked or them 18 sh

OR ATTENDING PHYSICIAN: The

HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

CERT	IFIC	ATE	OF	DEATH	

	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND M CERTIFICATE OF D		8 9 / 8
	1. DECEASED NAME (TYPE OR PRINT) BARBA	ARA AND BAWROS	70. DATE OF DEATH MON	-21-84
	FEMALE L	S. DATE OF BIRTH MONTH DEC 20	6 AGE (IN YEARS LAST BIRTHDAY	YRS. IF UNDER LYEAR IF UNDER 24 HRS. MONTHS: DAYS HOURS MIN.
8	70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZE COUNTRY)	EN OF WHAT COUNTRY?	ARRIED 9 BALTIMORE CITY OR CO	
1		ME OF HOSPITAL, NURSING HOME OR OTHER INST DT IN SUCH FACILITY, GIVE STREET ADDRESS) NLL WOOD MANOR	(TYPE OF WORK FOR MOST OF WO	PRINCE SCHOOLS
	USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 130. STATE 13b. COUNTY AAA.	13c CITY OR TOWN 13d. INSIDE CI	TY LIMITS? 130 STREET ADDRESS / ZIP	ACH AUE.
9	14. FATHER'S NAME EIRST KENNETH MIDDLE		MAIDEN NAME BRST DO LINE D,	EASON
	160 WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN) (1F YES, GIVE WAR OR D	(ATES)	OLINE MEEKINS 2	MB- 168 10th ST.
	18 CAUSE OF DEATH (Enter only one ca PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	PESPILATON ALL	35T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	TO, OR AS A CONSEQUENCE OF	tichosis.	

(a), stating DUE TO, OR AS A CONSEQUENCE OF underlying last cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

198 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES	NO 🗌	
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	O (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)		
71d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, EARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vn COUNTY	STATE	
22a I certify that (I) (this hospital)		d that is (Eu) (our) galaign de	_ to	, 19,	, that (I) (we) la	

above, (1) (we) (did) (did pat) view the bady after death DEGREE ACTING 226. SIGNATURE 22c. DAJE SIGNED

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

73d. LOCATION

MEDICAL STAFF
DIRECTORY PHYSICIAN

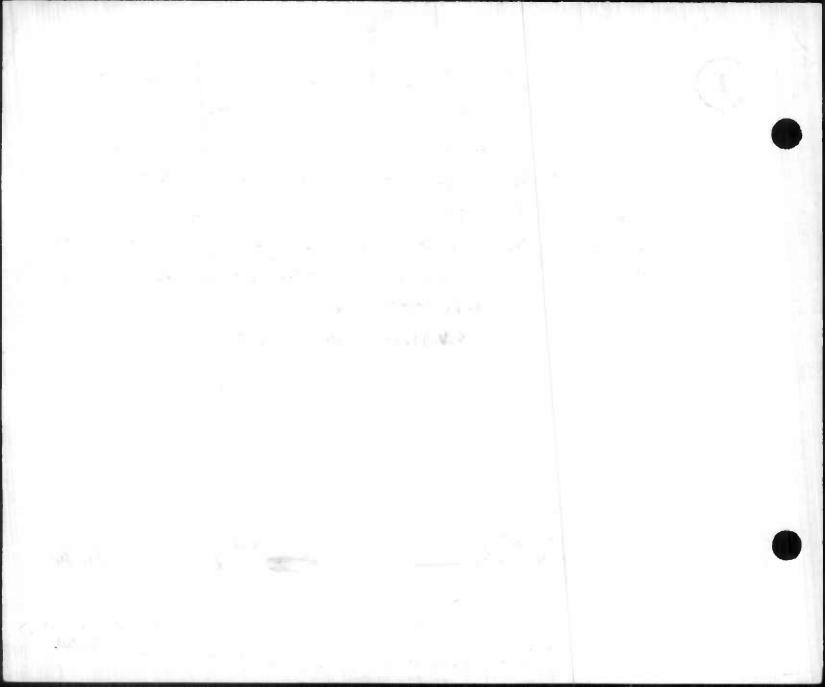
DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR

400

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG. N	E O	9/	9
	CEASED NAME FIRST	y	MIDDLE 4	B	SILZ.	20. DATE OF DEATH	11 16		26 HOUR
1 SE	Female		ite	S. DATE C		6. AGE (IN YEARS LAST BII	YRS MO	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
N	RTHPLACE (STATE OR FOREIGN LATY)	U.S.		WIDOWE		BALTIMORE CITY O	rundel	L Cour	7410
F	asadena	8810	Ft. Smal	1wo	od Rd.	TYPE OF WORK FOR MOST OF HOMEMAKE	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
13a. S		A .	Pasader	1	134. INSIDE CITY LIMITS?	8810 Ft.	Small	2112; Lwood	-
Не	ATHER'S NAME PIRST	MIDDLE	Holtzmar		Christine	MIDDLE		Pari	r
	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	214 14	935°	Mary Cusi		ESS Balt Fleet	twood	
	18 CAUSE OF DEATH IEnter only one cause per line for INL II UNIT IE. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH 30 Manuals								
	Canditions, if any, which	0U£ 10, 0	CHIZEN	ACFOF	heart for	ülure		20	years
	couse (a), stating the underlying cause last.	DUE TO, O	pypeu					64	ean.
TION	PART 2 OTHER SIGNIFICANT	une							
CERTIFICATION	19a. DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYI YES		OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART2)	11.4
MEDICAL	2)d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE FA	RM, ETC)	211 LOCATION STREET	chart.	2MTH	CU	STATE
	220.1 certify that (I) (this hear saw the deceased alive or above, (I) (we) (did) (did)	1	11/13 198		nd that in (my) (arr) apinian	, ta death accurred an the d	late and haur e	and fram the	that (1) (awe) last causes stated
	Of M. Me.	Lange	blin ,	mic	PHYSICIAN E	DIRECTOR PHYSI		11/10	SIGNED /S4
	224. PHYSICIAN'S NAME (TYPE) MC LAU	G-HL1	N		3708 Mount	ain ad.	Pasa	elina.	ruch.
	BURIAÍ, CREMATION, REMOVAI (SPECIFY) Burial	236. DATE 11 19	0.1		edeemer Cem	Baltimo	re Cit	COUNTY	STATE
	orge Gonce L	001 Ri	ADDRESS	yy Ba	1101			AR'S SIGNAL	Spflass.

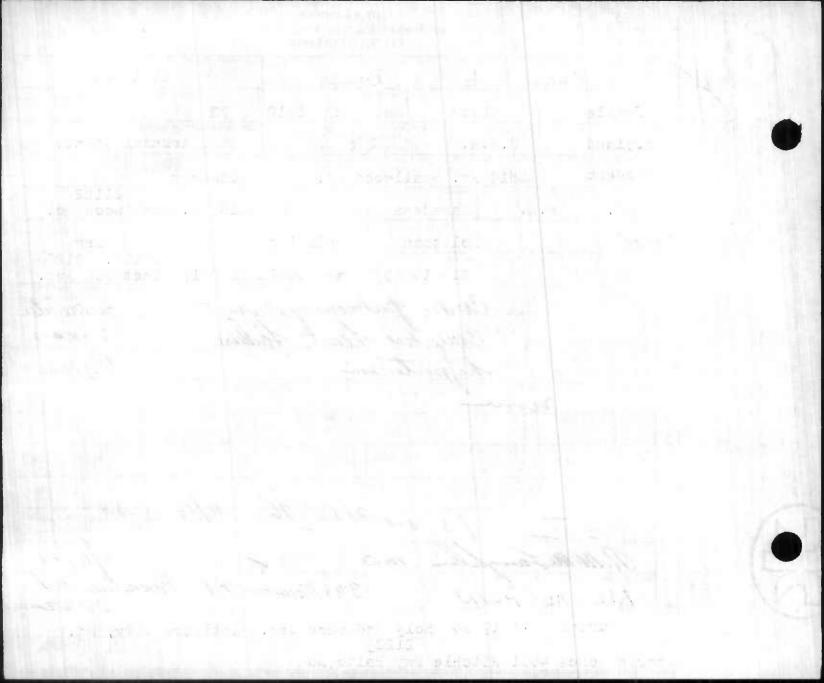
DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

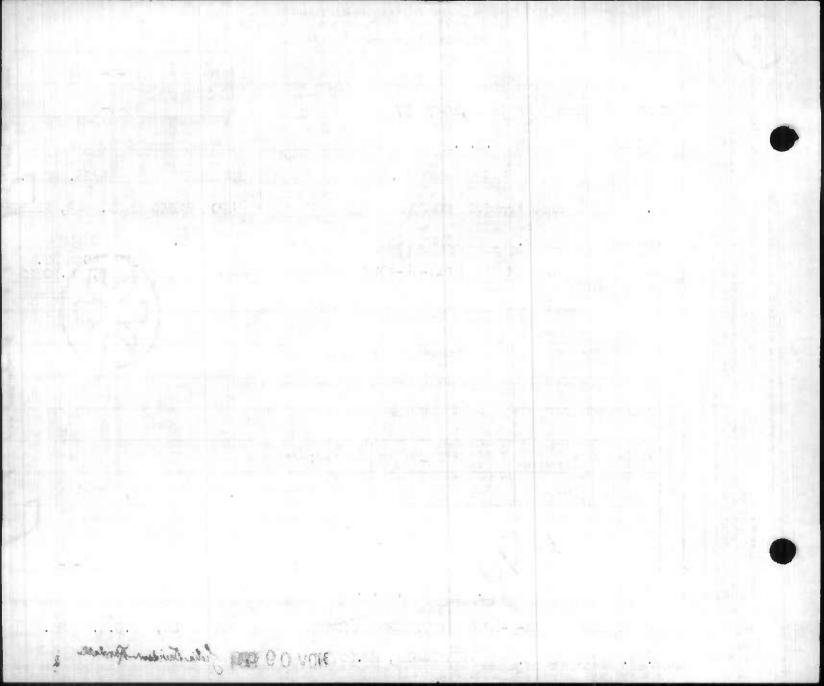
IMPORTANT: If Item 21 is marked or Item 18 sha

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician mpletely filled in by the funeral di and 2 should be tiled with 17 ha

njury, ar ather traumatic

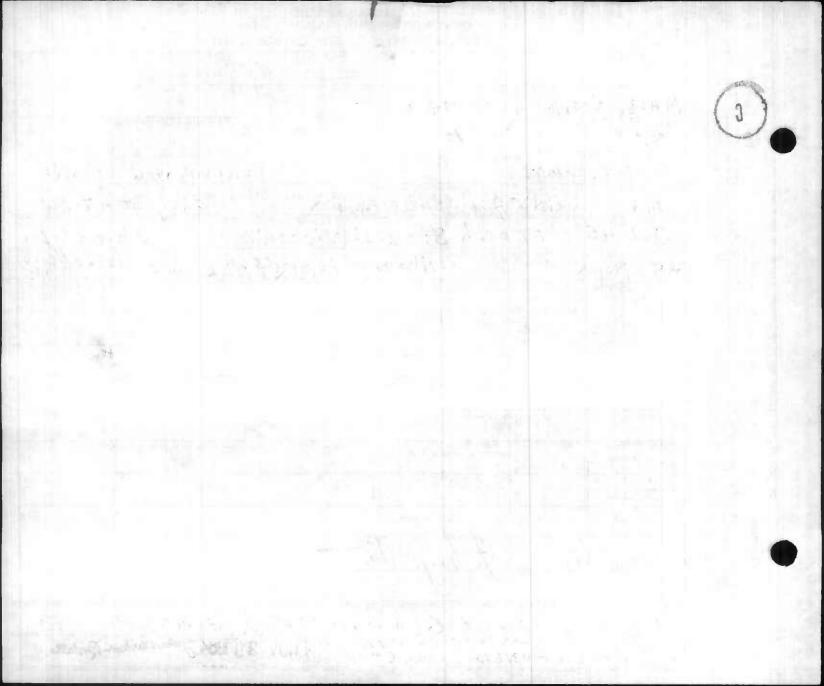


	1.	FOR			D	STATE		AND MENTA	HYGIENE	6")	0 0	9 0	
(B)		STATE REGISTRAR				ICAL EXAMIN			1 1 1	REG. N	10.	0 0	
		CEASED NAME	FIRST			WIDDLE		LAST		ATE KNOWN		DAY YEAR	26 HOUR
ES. SE	1,11	CORPRINT		RICHAR	RD	LFF	В	IRCH		OF ESTI-	□11-4-	-84 19	M
PLEA ECTO FAU HOUL	3 SEX		RACE	5. DATE C	F BIRTH	6. AGE (IN YEAR LAST BIRTHDA	RS IF UN	DER 1 YR. IF UND	DER 24 HRS. 2c.	DATE	MÖNTH	DAY YEAR	24 HOUR
AARY, YOUR		ALE	WHITE	MARC	H 15	,1947 37 YR		J J J J J J J J J J J J J J J J J J J		DEAD		-84 19	2AM M
TESS.	7a. Bl	RTHPLACE (STA	TE OR			AT COUNTRY?	8 MARRI		RRIED L	ALTIMORE CITY	OR COUNT	Y OF DEATH	
1 IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. LED WITHIN 2 HOURS OIT WHIST A STREET.	10 C	MARYLAN TY OR TOWN C			U.S.	A. PITAL, NURSING HOME	WIDOW		RCED A	nne Arur	idel Co	ounty	MD
A A GE			DEATH	(IF NOT	IN SUCH FAC	ILITY, GIVE STREET ADDRESS]		-KINSTITUTION	FOR MOST	OF WORKING LIFE)		OR INDUST	TRY
2, AND 3 TO THE FI 3. RETAIN PAGE 5 SHOULD BE FILE RECORDS, 201	USU		F IN NURSING HOME			uxent Rd.#4	ON)			NEER		WASH.HO	SPT.CI
AND S AND S RETAI		TATE	13b. COU	nty ne Aru	Lopu	ODENTON		13d. INSIDE CITY LIMITS YES TO NO			תם חותים	. #49,	21112
3.5. R. R. L. A.		THER'S NAME	Aut		nuer			15 MOTHER'S MA			DIAT IND		CTTT)
PAGES 1, FORM PM ES 1 DN OF ME		JOSEPH		M.		BIRCH JR	871	JUNE		MIDDLE E		CHEEK	
FORM CON	16a. V		EVER IN U.S. AI			166. SOCIAL SECURITY		17. INFORMANT		ADDRES	4322	40th S	ĮΨ.
B. GIVE PA WITH FOR T. PAGES I DIVISION		YES		ETNAM		217-44-40	29	CONSTANC	E BIRCH	BRI	ENTWOO	D. Md. 2	
W 0		18 CAUSE OF	THI WALL CALLE	EDBY		for (o), (b), and (c).)	That	37-11-10			- 53	APPROXIMAT BETWEEN ONSE	TE INTERVAL ET AND DEATH
ITEM 18. G LONG WIT PERMIT. P. GIENE, DIV		TAKTIBET	IMMEDIA	ATE CAUSE (o) St	notgun wound	d to	head					
A A A A A A A A A A A A A A A A A A A		Conditions	, if any, which	1	E 10, OK .	AS A CONSEQUENCE C)F					1	
WIT ANNE STAL		gave rise	to immediat	e / (b)	AS A CONSEQUENCE O)E	- 179					
N. O. MEI		lying caus				NO A CONSEQUENCE C	,						
DED TO THE CHIEF MEDICAL EXAMINER ALON STANDLING BE USED AS BURNAL "TRANSIT PER DEPARTMENT OF HEALTH AND MENTAL HYGE! I PROOF O BURNAL CREMATION, OR REMOVAL	_	PART 2 OTHER SIG	NIFICANT CONDITION		TO OF ATH B	UT NOT RELATED TO THE TERMI	INAL DISEASE	OR CONDITION GIVEN IN	PART 1 ia.			-1	
A CREATING	MEDICAL CERTIFICATION	19a. DATE OF C	OPERATION	T 19h	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?					20 AUTOPSY	12		
NE OF T	IFIC.											YES K	NO 🗆
NO NO	E E	710 EXTERNAL		216	TIME OF	INJURY VEAD		W INJURY OCCU		E OF INJURY IN ITEM I	18 PART I OR PAR		
N STA	S S	UNDERLYING CONTRIBUTIN	KJ OR G ☐ CAUSE OF	DEATH	P.M.	MONTH DAY YEAR	Se	elf/infli	cted				
PRE PER PER PER PER PER PER PER PER PER	VEDI	214 INJURY O			TREET, FACTO	FINJURY (ATHOME, DRY, FARM, ETC.)		CATION .	1 0 1 618	AR TOWAL 1	L COV	NIYa . I a a a	STATE
NA Z	1	AT WORK	AT WORK	Q	home		49	70' Patuxe	nt Rd.#4	9 Uden	ron, M	arytand	
PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPARE BALTIMORE, MARYLAND, 21201 PRIO		22a Leartify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion											
HH		death resulte	d from: Nat	urol couses	J .	Accident , Sui	cide X	Homicide	, Undetermin				
WAR WAR		ACTUAL	K	DRI	X			TITLE (SPECIFY)			DATE		
A RE THE	1	SIGNATURE_		47	()	12.	M.	D. Assist	ant MEDICAL	EXAMINER	SIGNED	11-4-8	34
Z S S		EXAMINER'S N	IAME G	regory	R. I	Kauffman, M	.D.	ADDRESS	111 Pe	enn Stre	et		
- BA	23a.B		ION, REMOVAL	23b. DATE		23r. NAME OF CEM			23d LOCAT	ION	COUN	TY	TATE
		CREMAT		11-6-	1984	CHAMBERS	CREI		RIV	ERDALE,	P.G.	C. Md	
H - 17	24. F	NAME	OR		ADDRESS			and the same	TE REC'D. BY REC	ISTRAR 256 REC	GISTRAR'S SI	GNATURE	12 13 13
ME (5))		W. W. C	HAMBERS	CO.		RIVERDALE,	Md.20	TNOV O	9 1914	when David			



07/84 25M

	1- FOR UNK.#84-92	DEPARTMENT	OF HEALTH AND MENTAL H	of a total for a	8
	REGISTRAR	MEDICAL EXAM	VINER'S CERTIFICATE OF	REG, NO.	
	(TYPE OR PRINT)		LAST	OF ESTI- MONTH	H DAY YEAR 76 HOUR
資金を指揮	Wende		Bizzell	DEATH MATED XX	1-25 19 84
200	do h t at (1) a	MONTH DAY YEAR LAST BI	IN YEARS IF UNDER 1 YR. IF UNDER 2	4 HRS 21 DATE MONTH	DAY YEAR 24 HOUI
(acc)	MALE, Neg130	4 (1/ 194) 43	YRS.	DEAD 1	1-25 1984 a. A
V3.2//	76 BIRTHPLACE (STATE OR	LOUNTRY?	MARRIED NEVER MARRIE	BALTIMORE CITY OR COU	NTY OF DEATH
95° 3°	N.C.	U.ST.	WIDOWED DIVORCE	777	County, ME
S # R #	1 1 - 1 -	II NAME OF HOSPITAL, NURSING H		12a USUAL OCCUPATION (TYPE OF WOR)	x 126 KIND OF BUSINESS
PACE	SEAT PLOASAN	Sands Road		UNEmployed	NONE
AND AND	UAL RESIDENCE (IF IN NURSING ROME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD		12. STREET ADDRESS	20142
AND AND RET	ma. prin	Ce Algo SEATI	PLOASA TYES D NO [Groug St	Apt 30p
S1, 2	TAMES E	TOP ANK BUST -	Zell Victor	NAME MIDDLE	it # 101d
P C C C	160. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b, SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS //	10+10+0
AFTER INE PA H FOI AGES AGES ISION	160. WAS DECEASED EVER IN U.S. ARMI	AR OR DATES) UNIN	TOWN HAME	t 8 A L Home,	(8 1 ds 60110)
S S S S S S S S S S S S S S S S S S S	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING ING	DADTI DEATH WAS CALICED	CAUSE (0) Gunshot wo			BETWEEN ONSET AND DEATH
ALOI FYGIE	IMMEDIATE	DUE TO, OR AS A CONSEQUEN			
ANSI REW REW	Conditions, if any, which	a.			2
NI WEN	gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A CONSEQUEN	ICE OF		
N. AEL-	lying couse lost.	(c)			
XECU ANG AND AND	PART 2 OTHER SIGNIFICANT CONDITIONS CO		TERMINAL DISEASE OR CONDITION GIVEN IN PARI	10	
BE EXECUDING, NDING, NEDICAL NS A BU NITH AN	NO				
EF MED AL, CRE	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	OPERATION WAS PERFORMED?		20 AUTOPSY?
方の子つらば					YES XX NO [
THE WOOD THE COULD BE RETAINED TO BUT OBLI	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	HOUR A.M. MONTH DAY	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
SHOOK			84 subject was sl	not	
ERTING ING BANG PRICE T	CONTRIBUTING CAUSE OF DE	21e PLACE OF INJURY (AT HON			
WRIT WRIT ARD 1201	AT WORK AT WORK	side of road		nne Arundel Co., M	Maryland STATE
JER: TH FORW/ OR: PA HE STA ND, 21	220 I certify that I took charge	of the remains described prove, held	on Autopsy XX Inspection	, Inquiry , ond in my	opinion
AND THE STATE OF T	death resulted from Natura	couses . A sesignit	Suicide , Homicide XX	Undetermined monner .	
EXAMIN CERTIFIC ULD BE I DIRECT WITH T	d Dr	Dette as	THILL (SPECIFY)		
- WO = I	SIGNATURE CELL	we K Megt	Assistant Assistant	MEDICAL EXAMINER SIGN	11-25-84
LEDICA UTE THI VA SHO NORE, MORE,	EXAMINER'S NAME DONN	is F. Smyth M.D.	111	Penn St., Balto.,	Md. 21.201
TO MEI PAGE A TO FUI AFTER I BALTIN	(TYPE OR PRINT)		ADDRESS		
	(SPECIETY) 12 1 A L	2 =1-8# DL	CEMETERY OF CREMATORY MILCOMETO	LETTY OR TOWN & IN S GORE	D', N'TATE
BP	24 FUNERAL DIRECTOR	Til W Anos	7447-141-130 DAJERE	PATURE SALES AND A STATE OF THE SALES AND A ST	SIGNATURE
DHMH - 17 (VR A15 ME (5))	W.H. BACON F	UNERA Lybom	e WASK, DOJANOV	48 1803 0	m-Nondelle



BP.

DHMH - 17 (VR A15 ME (5)

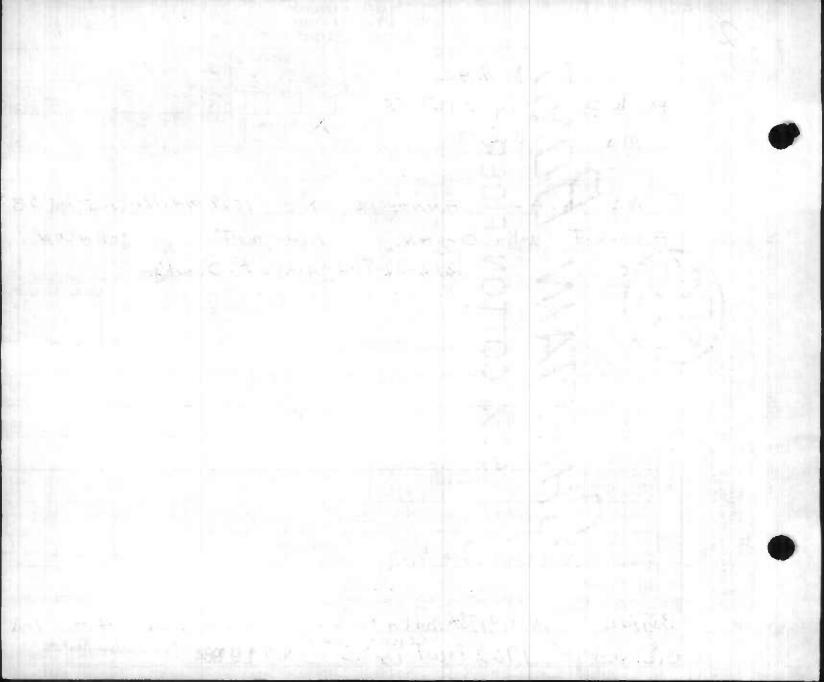
07/84 25M FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SEDICAL EXAMINER'S CEPTIFICATE OF DEATH

2	8	y	8	2
REG			1.60	1 15

- 16	REGISTRAR		MED	ICAL EXAMI	NER'S C	ERTIFIC	ATE OF DE	ATH	REG. NO	D.	42 00	
	DECEASED NAME	E FIRST	1	MIDDLE		LAST	110000	2a. DATE K	NOWN X	MONTH	DAY YE	AR 26 HOUR
	TIPE OR PRINTS	EI	SIE MA	O BI	ROOKS			OF DEATH /	COIL .		4-84	44
3 :	SEX	4. RACE	DATE OF BIRTH	6 AGE (IN	YEARS IF UN	DER I YR. IF	UNDER 24 HRS.	2c. DATE		HINOM		EAR 24 HOUR
	Female	B	July 13	1929 LAST BIRT	YRS.	S DAYS	HOURS MIN	PRONOUNG DE AD	ED	11-1	4-84	11:10
70	BIRTHPLACE (5)	ATE OR	CITIZEN OF WHA	T COUNTRY?	8. MARRI	ED XNEVE	R MARRIED	9. BALTIMO		-		
4	Md		UISIN		WIDOW	ED O	DIVORCED				ounty	
31"	Annapol		(IF NOT IN SUCH FACIL Anne Arun	ITY, GIVE STREET ADDRES		-		UAL OCCUPA MOST OF WORKI		E OF WORK	OR IND	
	UAL RESIDENCE I. STATE	(IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMI	١ .	13d INSIDE CITY	LIMITS? 13e. STI	REET ADDRES	Arth	a Con	140.	M 2B
2) 14	FATHER'S NAME	1	MIDDLE D	LAST		IS. MOTHER'	S MAIDEN NAM	E MID	DIE	1	LAST	0.4
160	WAS DECEASED	D EVER IN U.S. ARMI	ED FORCES?	16 OCIAL SECUI	RITY NO.	17. INFORMA	Arg Ar	4	ADDRESS	10	1 14 8	C N
11	(YES, NO, OR UNKNO	(IF YES, GIVE W.	AR OR DATES)	212-3	2-996	LIAn	nes R	Bro	ekstr	,		
	18 CAUSE O PART I DE		ane couse per line fo		otic c	ardiov	ascular	disea	SP		BETWEEN O	MATE INTERVAL DISET AND DEATH
		IMMEDIATE	CAUSE (a) Arte	S A CONSEQUENCE		aruiov	ascurai	41300	136			
	Canditian	ns, if ony, which	DUE TO, OR A	S A CONSEQUENC	.E OF							
	gove ris	se to immediate	(b)				-		-	1.01		
	lying cou		DUE TO, OR AS	S A CONSEQUENC	E OF						}	
			(c)								1	
		PHILICANI CONDILIONS CO	INTRIBUTING TO DEATH BUT	I NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION G	IVEN IN PART 1 (a)					
	190 DATE OF	OPERATION	TIEL CONDITIO	ON FOR WHICH OF	EDATION W	AC DEDECORAL	ED2				In	DCWD.
/ 3	S I'M DAIL OF	OFERATION	178. CONDITIO	DIN FOR WHICH OF	ERATION W.	AS PERFORM	EU?				20 AUTOR	PSY?
4	210 EXTERNA	AL CAUSE WAS	216 TIME OF IN	MILIPY	121, 140	NAV INT HURY O	CCHOOSE THE				YES X	NO
			HOUR A.M.	MONTH DAY YE	AR ZIC. HC	JW INJURY O	CCURRED (ENTER	NATURE OF INJUI	KY IN ITEM 181	PART I OR PART	2)	
	214 INTURY C			INJURY (AT HOME, RY, FARM, ETC.)		CATION TREET		CITY OR TOWN	٧	COU	ЧТY	STATE
			of the remains descri	bed obove, held ar	Autops	y K.	nspection .	Inquiry [, an	d in my opi	nion	
	death resulte	ed from: Noturo	I couses X. A	ccident ,	Suicide	Homicid	e Unde	termined man	ner,			
	ACTUAL	alm	hat D	all 11		TITLE (SPE				DATE	11-15	5-84
4	SIGNATURE.	Magre	Joseph M.	ac will	M.	Assis	MED MED	DICAL EXAMI	NER	SIGNED		
7	EXAMINER'S (TYPE OR PRIN	NAME Marg	arita A.	Korell,M.	D.	ADDRESS11	.1 Penn S	Street				
23	BURIAL, CREMA	TION, REMOVAL 236	DATE	23c. NAME OF C			Y 23d. LC	OCATION OR TOWN		COUNT		
	BurgaL	. 1	10019.198	AmdUA	- Ceme	Tens-		reum	mille	-	A.A.	STATE
24	FUNERAL DIREC	TOR	ADDRESS	an	nape	lis , 250	DATE REC'D. B		25) REGI	STRAR'S SK	700	00
C	12. He	CKo 14	19227	ocest I	mine		NOV 19	1984	freha	Davidson	n-Mand	NOC



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-stransit permit. Then please remove carbon papers. Pages I and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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1/1	STATE OF MARYL
FOR - STATE PEGISTRAR	DEPARTMENT OF HEALTH AND
- STATE REGISTRAR	CERTIFICATE OF

AND MENTAL HYGIENE CERTIFICATE OF DEATH

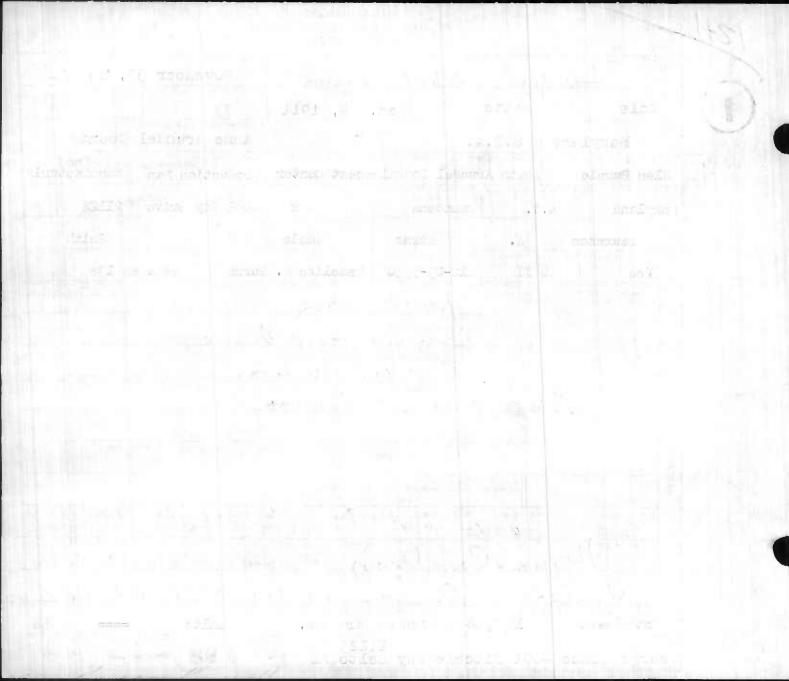
del	2	8	9	8	3
	EG NO			-	-

							REG. I			
		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH		- 4	26 HOUR
		- Adw	nence.	Alber	it	Burns	Novem	ber 30	0, '84	8-6
3.	SEX		4 RACE	/	5. DATE C		6. AGE (IN YEARS LAST BE		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
		Male	White		Jan	4, 1911	73	YRS.	DNINS	HOURS MIN
70	BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	2		9. BALTIMORE CITY		OF DEATH	
2	C	OUNTRY Maryland	U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	Anne Ar	undel	Count	ty ,
10	CII	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND Q	
9	GJ	len Burnie	North A	rundel Co	onvale	scent Cemter	Production	of working (1FE) n Man	Manuf	acturi
U	SUA	L RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	E ADMISSION)					
		ryland 13h co	L.A.	Pasadena Pasadena	N/N	13d. INSIDE CITY LIMITS?	8442 Bay	Drive	21122	>
_	_	THER'S NAME	7 627 6	Tabaden	~	15. MOTHER'S MAIDEN NAM		D1 1 1 0		,
		Lawrence	MIDDIE A	LAST P111	rns	Áďdie	MIDDLE		Smi	th
4.	1 34	AS DECEASED EVER IN U.S.		16h SOCIAL SECU		17. INFORMANT	ADDR	PESS	DILL	. 011
"	(A)		GIVE WAR OR DATES)						120	
		res	AM TT	212-03-9	9000	Madeline M.	DULIIS	Same a		
1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	anly one couse pe	r line for (g), (b), (in	id Ici.	. 1			BETWEEN	MATE INTERVAL ONSET AND DEAT
1			IATE CAUSE (0)	1 des	m	attack				
		DUE TO, OR AS A CONSEQUENCE OF								
1		Canditians, if any, which	(ib)	1 1 1.	emi'	c Herry 1	Liseaso			
		gave rise to immediate) 10,_							
		couse (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUI	ENCE OF	11.00.	1			
1		DARK O OTHER DIGHTER.	(c)_	FLO	Terres)			ID IT ION I ON IT	ALIALDA DE L	
	z	PART 2 OTHER SIGNIFICAL	1 CONDITIONS C	-L /	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	ADILION GIVE	N IN PART ITO	1
9	CERTIFICATION	19a DATE OF OPERATION	legas	VILLON EOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h JE VES	WERE FINDIN	ICS LISED
1	2	196 DATE OF OPERATION	176 CONL	IIION FOR WHICH	OPERATIO	IN WAS PERFORMED	Zue AUTOFST:		ING CAUSES	OF DEATH?
	2						YES NO	YES		NO 🗌
120		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	RT I OR PART 2}	
	3	(IF EITHER, NOTIFY MEDICAL EXAM		.M.	19					
	MEDICAL	21d. INJURY OCCURRED		OF INJURY		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(ATTIOME, S	ALLI, FACTORI, OFFICE, I	ARM, ETC J					
		22a. certify that (I) (this ha	spital) attended ti	he deceased fram_	11	7 , 19 X L		7 1	9 VV.	that (I) (we) la
		saw the deceased alive	an	70 19 5	16,01	nd that in (my) (aur) opinion	death occurred an the	date and haur	and from the	couses stated
		obove, (1) (we) (did) (did	nat) view the bady	ofter death.		DEGREE			22c DATE S	SIGNED
4		1/1/1) (1.	ATTENDING	_ MEDICAL STA		11	2. 11/
0			MANA	Leun	PN		DIRECTOR PHYS	CIAN	1// 3	5084
		224 PHYSICIAN'S NAME (IN	PE OR PRINT)		0	226 ADDRESS	1			
		141560	ta (UZ	MD	605 6x	A BLV	dS	P. A	12/1
2		URIAL, CREMATION, REMOV	AL 236 DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	1	Entombment	12/3/	84 L	oudon	Park Cem.	Balto		COUNTY	Ma
		INERAL DIRECTOR			21	1225 250 DAI	E REC'D. BY REGISTRA	R 25b. REGISTR	AR'S SIGNAT	URE
10	ie	orge Gonce	4001 Ri	tchie H	wv R	1225 alto Md "DE	6 3 1984	yuna un	wews -y	andelle
- 1	-	0180 001100	1001 111	OCILL II	TIN TO	al oo ma	A AMERICAN	KI		

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or attending physician



6		1 -	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		28984
	oge Sy B	3 SE	CEASED NAME FIRST OR PRINT) GIA Female RTHPLACE (STATE OR FOREIGN	dys WRACE	B. White FWHAT COUNTRY?	BUSH 5. DATE OF BIRTH MONTH 1 - 26 - 19	6. AGE (IN YEARS LAST BIR)	MONTH DAY YEAR 26 HOUR 11-13-84 50 4 MONTHS DAYS HOURS MIN. PRECOUNTY OF DEATH
201	by the funeral by the funeral brilled within 72 months of the form	10.CI	TYOR TOWN OF DEATH rowns v: //e	S LA III. NAMEO	L. S. A. FHOSPITAL, NURSING UCH FACILITY, GIVE STREET A FIELD NUI	sing CenTer	- ANNE	Arundel MD. ON 12b. KIND OF BUSINESS OR DE WORKING LIFE! INDUSTRY
ARYLAND 213	3 within 24 hour pletely filled in and 2 should be contine mustro.	13a. S	AL RESIDENCE (IF NURSING HO. ITATE ITATE ITHER'S NAME FIRST John	ME OR OTHER INSTITUTION OUNTY A, A, MIDDLE	Dulgar	N 13d INSIDE CITY LIM YES NO [15 MOTHER'S MAID!	2808 G	
TIMORE, M	ond com	160 V	VAS DECEASED EVER IN U.S	ARMED FORCES S. GIVE WAR OR DATES)	~/	RITY NO. 17 INFORMANT	rett (above	address)
201 W. PRESTON ST., BA	that the death certificate bed by the ottending physician lease remove carban papers. For cremotion, or removal.		18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME Conditions, if any, whic gove rise to immediat couse (a), stating the underlying cause los	DUE TO,	OPAS A CONSEQUE	NCE O	als lung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS,	the law requires ion. e has been signe if permit. Then p gree prior to bur	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
DIVISION OF VITAL	DING PHYSICIAN: To ottending physicial of the sertificate as the buriol-transit of the one of the buriol-transit of the one of the series of t	MEDICAL CE	216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AN ORN 220. I certify that (1) (this	PF DEATH HOUR 21e. PLAC (All HOME.	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE FA	Y YEAR 19 21f LOCATION	CCURRED (ENTER NATURE OF INJUI	
	HOSPITAL OR ATTENDED to the by the hospital of the form of the State Dept. of Hee		sow the deceosed alivation (i) this sow the deceosed alivation (ii) the source (ii) the source (iii) the source (iiii) the source (iii) the source (iii) the source (iii) the so	daet) view the boo	184 19		ING MEDICAL STAI	ote and hour and from the causes stated 122c. DATE SIGNED FF 11 12 00 1
	TO HOSPIT retoined by TO FUNER should be with the Sit	270 5	ERROL-	3-1Ph	ulip ~	DO W	Joely au	- Bridgend !-

DHMH - 16 50M 4/83 (VRA 15, 4)

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M FUNERAL DIRECTOR Nalley's F.H.

23e. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

ADDRESS Mt.Rainier,

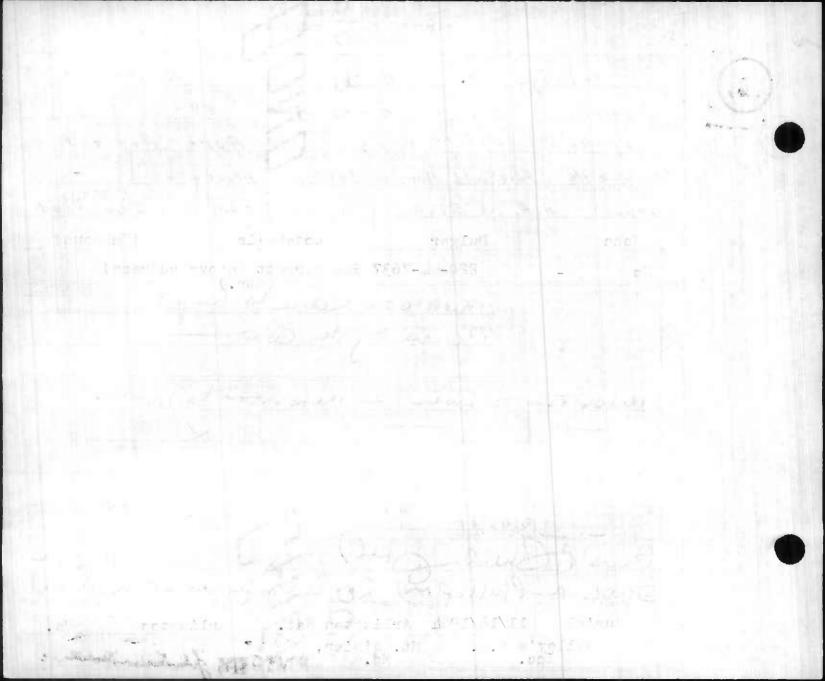
23b. DATE 11/16/1984

23d Tocation City or town Arlington Arlington Nat. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

Va.



requires that

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or

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TO HOSPITAL

te funeral director, page within 72 hours ofter dea

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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N.O	-	1	9	JES.

	1-	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL		2 8 reg. no.	9 3	EST
		CEASED NAME FIRST JOSE	PH Wayne	CARTE	R, Jr.	20 DATE OF DE		1984	1234 PM
	3 SE)	Male	White	5. DATE OF MONTH Feb	5, 1924	6 AGE (IN YEAR		F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	0	RIHPLACE (STATE OR FOREIGN COUNTRY) Lrginia	76 CITIZEN OF WHAT COUNTRY U.S.A.	? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	A:	NNE ARUNDI		TY MD.
1	10 CI	GLEN BURNIE	11. NAME OF HOSPITAL, NURS			(TYPE OF WORK FO	CUPATION OR MOST OF WORKING LIFE LICIAN	12b. KIND O INDUSTRY Loca	F BUSINESS OR
2	13a. S Ma	aryland Anne	other institution give residence before the control of the control	Burni		8071	oress / zip code Green Ore		Rd.
0		Joseph W	Carter,	Jr.	Mollie	A	AIDDLE	Ship	ey
		(IF YES, GI	med forces? 16b. social second one 217.18		7 INFORMANT Vivian E	Carter	(wife)		as 13
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	DENTE OF)4_	leaf unf		N IN PART 110	
6	CERTIFICATION	1% DATE OF OPERATION	19s CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	TES N		WERE FINDING CAUSES	
0.00	MEDICAL CER	TIE. ACCOUNT WAS UNDERLYING. OF CONTENBUTING CHUSE OF DE. LIFETINER, NOTES WEDICAL EXAMINED OFFILE CONTENBUT OFFI O	HOUR A.M. MONTH I P.M. P.M. PLACE OF INJURY 141 HOME STREET FACTORS OFFICE	DAY YEAR 19 . PARM STE 1	THE LOCATION	CCURRED TENTR HATUR	TY OR TOWN	COUNTY	trest
		276. Lertify than (1) (this hospital, arounded from 19 to 19 that (1) (we) last day the descented alive on 19 that (1) (we) last day the descented alive on 19 the date and hour and from the cause stated obove. (1) 10 (mt) new the body (there byth) DEGREE ATTENDING AMEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRE							
	-	OURIAL, SPEMATION, REMOVAL SPECIFY) Burial	Nov. 19,84 G			CITY OR	Burnie	A.A.	MD
		ingleton Fund	eral Home, Gle	n Burn		NOV 20 p	1 / 4 4	avidson—	Pandelle.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the

TEMBER A STANF

FOR	DEPARTME
STATE	OLI ARIME
REGISTRAR	

STATE OF MARYLAND NT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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						KEG. P	O.				
TIPE OR PRIM	E OR PRINTS		AIDDLE	0 -	AST	20 DATE OF DEATH	MONTH		R / 26	HOUR	-
			C.	CAS	6		//		7	1:3	5AM
1	F	1 RACE				6 AGE (IN YEARS LAST)		MONTHS D		-	MIN.
To B	BERNHPLACE STATE OF HORSE S. DATE OF BRITH S. DATE OF BRITHH S. DAT		4								
-		el			MD.						
4	DECESSED NAME SEAT MILLIARY MILLIARY	USINES	-								
					. tal	Housewile					
130	STATE NO COUN	ITY	13c. CITY OR TOW	N			Ann	e Rd.		216	66
4 E		WIDDLE	LAST		15 MOTHER'S MAIDEN NA						
DECEASED NAME RACE	LAST										
	(IF YES, GIV		166 SOCIAL SECU	RITY NO.			ESS				
	No		220-09-5	5300	Herbert Wm. (Case s	ame	as abor	/e		
HON	gave rise to immediate cause to stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OF	ACUTE RAS A CONSEQUE THE ROSCL DITRIBUTING TO E	M YOU ENCE OF EKOT.	IC CARDIO-L	ARCT ARMAN ARMINAL DISEASE OR COM	1/k	GIVEN IN PAR	EAS Tha	25	
FICA	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	IN			TIFYING CAU	SES OF		?
CAL CER	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM I	IB PART T OR PART			
WEDI				ARM, ETC)		CITY OR TO	NWN	COUNTY		STA	tE.
	saw the deceased alive an abave (1) (we (idid)) did na	A 1		54_, an	d that in (aur) apınian c	, tadeath accurred on the d	ate and h				e) last ed
	Barry R.	Motho	noxum	M	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSI	FF CIAN []	116. 0	1/2	183	1
(PARKI R.	AK	ANSON		51 FRAN	KLINST.	An	NAP.	MA	.21	40/
	(SPECIEV)							COUNTY		STA	TE
	Burial	11/06	/84 St.	. Pete	er's Cemetary	Queensto	wn	Q.A	1.0		MD

DHMH - 16 50M 1/B1 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE ON NOV 2 1 1984 Guille Davidson Manualson 74 FUNERAL DIRECTOR
NAME
Tom Helfenbein Funeral Home, Chester, MD 21619

Tanger We trained to you will be to Milevois on even semble. Process. COC -CC4C55 The state of the s The state of the state of the of glois on the tent and the configuration of

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requires that the death certificate be executed within 24 hours often

OR ATTENDING PHYSICIAN. The low

TO HOSPITAL

retained by the haspital or attending physician

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES

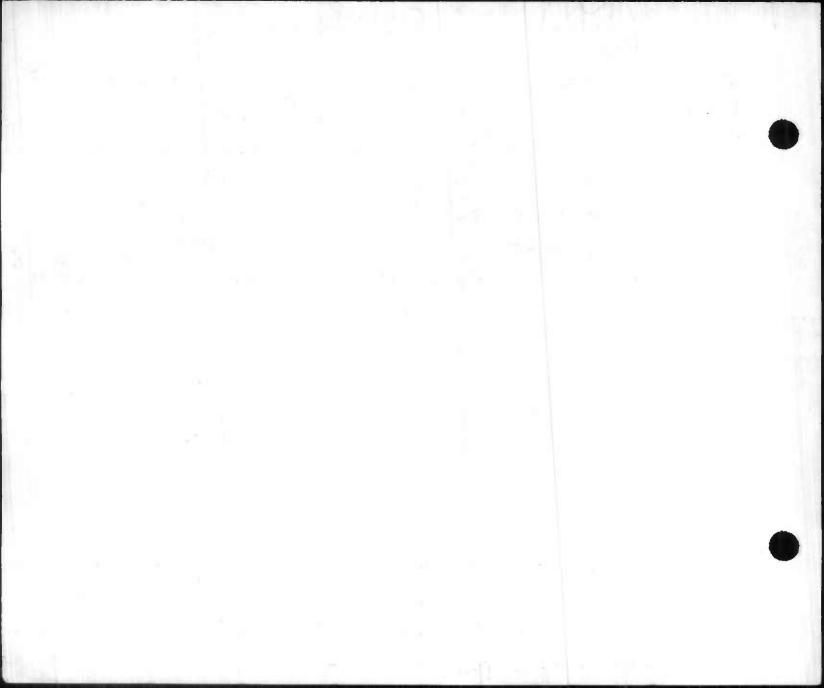
1 -	STATE REGISTRAR			CERTIF	ICATE OF DEAT	TH	REG. N	0		9 /	
	CEASED NAME OR PRINT)	HARRY	MIDDLE P.	(ANSE.	20	DATE OF DEATH	* 23	VEAR VEAR	26 HOU	35
3 SE)	M	ale !	WHITE	5. DATE C	OF BIRTH	91	93	YRS	IF UNDER I YEAR	IF UNDER	AIN.
-/	ATUE		USH.	WIDOWE		ED 🗌	BALTIMORE CITY O	Heu	WDE	_	MD.
A	UNAPOL	nis /	OTHER INSTITUTION, GIVE RESIDE	NURSING HOME C	pt.	S	HOE BED	OF WORKING LIFE	12h KIND O INDUSTRY	EMI	PKER
13a. S	TAMAIN THER'S NAME	E 131 COUNT		CHAND	13d INSIDE CITY LI YES NO 15. MOTHER'S MAI		48 BRE	ZIP CODE	ER ST	194	14
4. FA	FIRST	-upi	K-	tAST	FIRST	DEN NAME	MIDDLE	K-	(AS	f	
	VAS DECEASED	EVER IN U.S. ARM	WAR OR DATES 166. SOCI	32 1495	KAHLEIN	E.C.	WAY 38%	3°SCH WNAP	VERRY G	ADVE 10219	10/
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NOI			Onditions <u>contribut</u>								
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MEDICAL CE	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEAT	P.M.	19		OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 P	ART OR PART ?)		
MED	21d INJURY OC	OCURRED NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET		(ITY OR TO	IWN	COUNTY	5	TATE
	sow the do	eceased alive on_ we) (did) (did not	ol) attended the decease view the body after deat	19, or			th occurred on the d		and from the		
	226. SIGNATUR	200 9	When		PHYS		MEDICAL STA		22c. DATE	24.	-84
	JAL	I'S NAME (TYPE OR	WHEEL	ER	FEAWX	Lin S	7. ANN	Appl	is M	D.	-
230.8	WRIA	TION, REMOVAL	11/28/84	LOEN HAME OF C	EMY OR CREM		OCKHAIU	p k	LOUNTY	M	E.
lA:	VLOR TU	NERAL	CHAPEL	ANNAPOL	is, M.D.	NOV	2 8 1984		RAR'S SIGNAT	une	٤.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: after this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT, If them 21 is morked or them 18 stee



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triked or hem JE shops

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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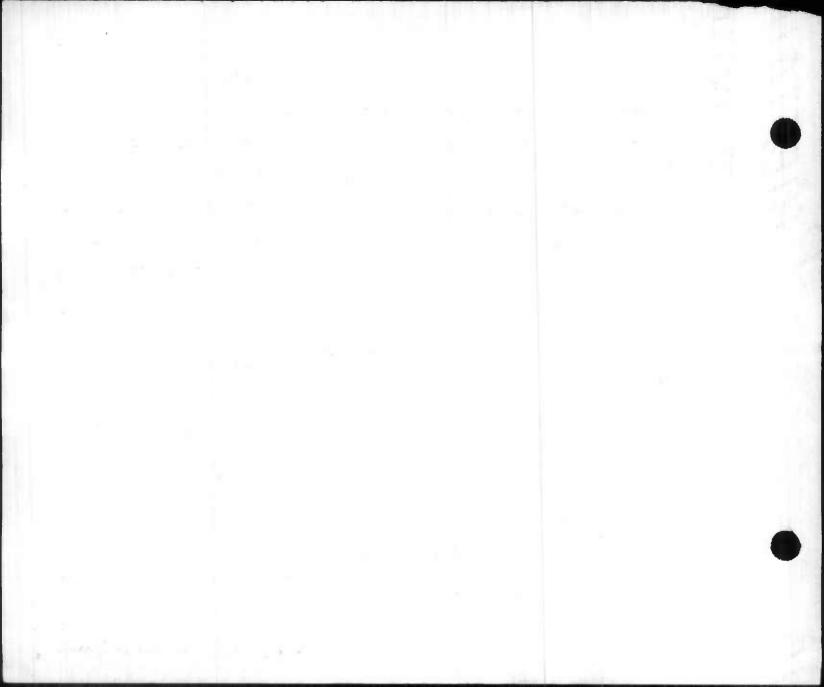
1	1	FOR	DEPAR	RTMENT OF HEA	LTH AND MENTAL HYGI	IENEO 🛶 🤰	2 8 9	8
	1 -	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
			WIDDIE	LAST			DAY YEAR	7b. HOUR
1	{ TYPE		ES MARY	CHILCOT	re l	NOVEMBER 16	. 1984	6:25 R
	3. SEX		4 RACE			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS
-		FEMALE	CAUCASIAN	APRII	2 ² 4, 1 ⁴ 906	78		YS HOURS MIN.
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1			.VA. USA	1.000		ANNE ARUNDE	L COUNT	TY MD.
3			(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)		LITYPE OF WORK FOR MOST OF WORK	UNG LIFET INDUST	
-	USUA	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)				
)					H INSIDE CITY LIMITS?	2851 GREEN	WILLOW	DR.2140
1	14 FA		MIDDIE LAST	15				LAST
	F		STOKES		IDA E	3.	CASKE	Y
			VE WAR OR DATES					
			235-1	6-4649	MONA M. RC	DACH SAME AS	13E	
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	Z					THE DISEASE ON COMPINION		110
7	TIFICATI					INC	ERTIFYING CAUS	SES OF DEATH?
i		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	FIG. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M IS PART TORPART	2)
	MEDI	WHILE NOT WHILE				CITY OR TOWN	COUNTY	STATE
					,			_, that (I) (we) lost
		saw the deceased alive on above, (1) (west did) (did no	ot) view the body ofter death.	, ond	that in (my) (cor) opinion o	death accurred on the date on	d hour and from t	the couses stated
1				R M.	ATTENDING		11-	-18-84
Ī			G. LEE	2	2e ADDRESS 7700	OLD BRANC	H AVE	NUE 735
		URIAL, CREMATION, REMOVAL			NETERY OR CREMATORY	73d LOCATION MARTINSBURG	BEEKKEI	EVW VIA

DHMH - 16 50M 4/83 (VRA 15, 4)

10 PUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal MPORTANT, if hem 21 is in

> 74 FUNERAL DIRECTOR
> NAME
> ROBERT E. ANNAPOLIS, EVANS Ε.

MARYLAND



				STAT	E OF MARYLAND		
12	/	1.	FOR STATE REGISTRAR		FICATE OF DEATH	NE REG. NO	8 9 9 0
, 5	£		CEASED NAME FIRST OR PRINT)	MIDDIE 1	NAST 2	O DATE OF DEATH MONTH	12 01 3 12
9000	(ret death	3. SE	Flizabe	th Harwood LL		AGE (IN YEARS LAST BIRTHDAY)	JE UNDER LYEAR IF UNDER 24 HRS
-	S S S S S S S S S S S S S S S S S S S	1	emale	WHITE JU	ne 26,1893	BALTHMORE CITY OR CO	rrs.
. Q. a.	27	n	RTHPLACE ISLATE OR FOREIGN	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	Anne Ar	undel Co. Mo.
the fo	of the difference of	10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME (IF NOT INCUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	11 1140010
٩	EURU	USU 13a.	AL RESIDENCE IN NURSING HOME OR	13 CITY OR TOWN		STREET ADDRESS / ZIP	N 1 1
itely fill	0 7	14.F/	THER'S NAME FIRST	H. HAMAPAIS	YES NO 1	100 IIIICITA	cana Dr. Hph 45
0		160.	Dennis VAS DECEASED EVER IN U.S. AR	Claude	Elzabet	ADDRESS	Bryan
buo uo				WAR OR DATES) 220-44-7114	Ross A.D.	erdonff.	34 Randall Strol-Annapolis, MI 200
physicion	movol.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse per line for lox to, and Ici.i BY: CAUSE (a)	my from	Goloc	BETWEEN ONSET AND DEATH
ottending	corbo , or re			DUE TO, OR AS A CONSEQUENCE OF	,		34 July July Sulkis
t e	cremotion other froun		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A SEQUENCE OF	P	War and the	
aned by	buriol, or of			ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITIO	N GIVEN IN PART 110
been si	prior to	CATION	190, DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
Con.	Sit pe	CERTIFICAT		AN THE OF BUILDY	11. HOW BUILDY OCCUPAT	YES NO	YES NO
physi	Mentol Hygin	1	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
ttending r this ce	the burio and Men	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ol or o	Heolth is mork		27s I certify they (I) (thus hospe	are uttended the deceased from	19.82	10 13 M	that (I) (we) lost and hour and from the causes stated
hospin	ept. of ltem 21		Obove, (I) we) (did) (did no	with body after death.	DEGREE		22c. DATE SYSNED
by the	Stote	-	THE PHYSIC HOUS PLANE HERE	Jane Vy	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	14/1/0089
etoined by	with the Sto		Dont	Lowe "	77 (0)es	t Street!	Annapolis, MD
BP_		230	BURIAŁ, CREMATION, HEMOVAL SPECEY)	Nov. 16.1984 St	Anne's	CITY OR TOWN	AM AM
AH - 16 (VRA 1	50M 4/83	74 5	UNERAL DIRECTOR	ADERSS	Ise MIN NOV	1 5 1084 Full	EGISTRAR'S SIGNINGURE
faun 1	5, 41	110	CHION IMPER	al Chapel- Hillapi	112,11111 1101	1 0 100-1	

Chapel-Honapolis, MI

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The lov

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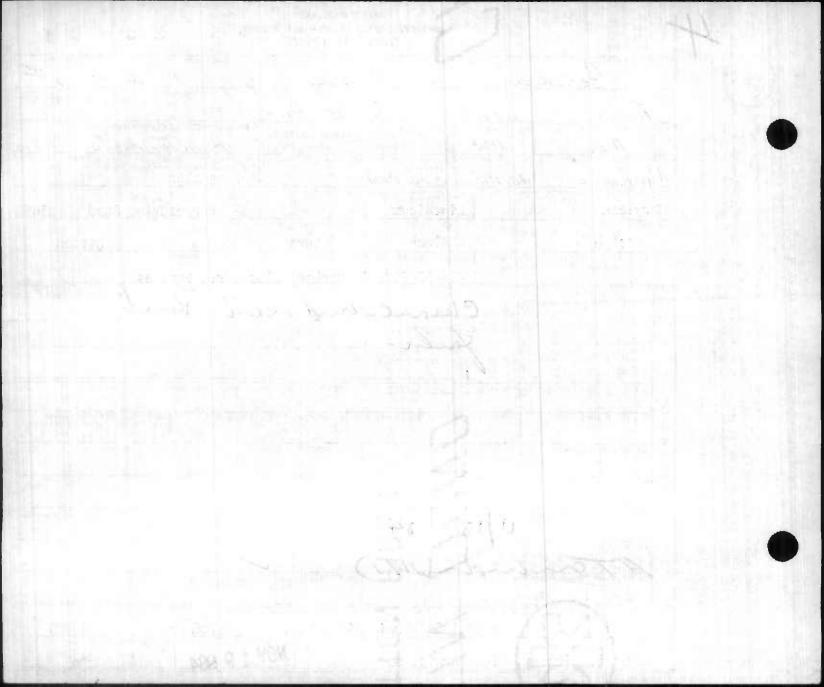
1.					STAT	E OF MARYLAND			
1	FOR STATE			DEPART		IEALTH AND MENTAL HYG	IENES ES	289	9 1
	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.	
	DECEASED NAME	FIRST	- 1	MIDDLE	-	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	(se	verein	12		C	Lose	1.	1 15 84	1-
3.	SEX	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAYS	
	Female		whit	Te	~PO	60AY 99AR	75	YRS. MONTHS DATS	HOURS MIN.
a	BIRTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED		R COUNTY OF DEATH	
	MO,	Sing.	U3H	7	WIDOWE		HNNE.	Arundel Co.	M
10	CITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATE		OF BUSINESS OR
1	Hen Rurrie	//	no ma	NOT CONV	Ceni	Ter	Homemake		
	SUAL RESIDENCE (IF NUR.	ING HOME OF OT		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		
	Maryland	AA		Linthic		YES NOX		stview Road	21090
4	FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME		
	Joseph	MIC	DDLE	Klunk	(Cora	Blddiw		SSON
6	WAS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT	ADDRE		
	(YES, NO OR UNKNOWN)	(# YES, GIVE W	VAR OR DATES)	218-03-	7228	Herbert Cl	ose Jr. Sai	mo as 13	
=	IS CAUSE OF DEAT	H (Enter coly	ane caute net						DXIMATE INTERVAL N ONSET AND DEATH
Ŀ	PART I. DE ATH V	AS CAUSED	BY:	01		A 1/2	07 12		
1	Marie Committee	IMMEDIATE	CAUSE (a)	MAA		and ex	Col-		
	Section 1		DUE TO, O	RAS ACONSECT	ENCE OF				
	Conditions, if any		(b)	Yarl	-	•			
	cause (a), stati	ng the	DUE TO, 9	AS A CONSEQU	JENCE OF			100	
	underlying cause	last	100	1					
		NIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	la
CENTIES ATION									
40	19a DATE OF OPERA	TION	19b COND	TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
Ties			10.00				YES NO	YES	NO 🗆
L	210. ACCIDENT WAS UN	_	216. TIME O	OF INJURY M. MONTH [AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 7)	
4.4	OR CONTRIBUTING		P.		19				
7100	CIFETHER NOTIFY MED 21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN COUNTY	STATE
8.4	WHILE NOT W	HILE	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC }	SIRECT	CHIONIO		311112
	22a.) certify that (I		attended th	e deceased from			, to	. 19	, that (I) (we) las
	saw the deceas	ed olive an	1111	19	84.0	nd that in (my) (aur) apinion	death occurred an the de	ate and haur and from th	e causes stated
	abave, (1) (we) (27b. SIGNATURE	did) (did nat)	view the blody	affer death.		DEGREE	,	22c. DAT	IE SIGNED
	11-10		1	1	115	ATTENDING	MEDICAL STAI		
	DI PHYSE IAN TH	AME (TYPE OR P	RINTI	N N	Mil	22e ADDRESS	DIRECTOR PHYSIC	IAN L	
	12-1	. 1	i.						
-		owni		1	A1414= ==		Teat to carrow		
23	BURIAL, CREMATION	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	burial	100	NOV.	7,1984	uruld	Ridge Cem.	Baltimon	re	MD

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

Druid Ridge Cem. NOV 1 9 1984



oge 4 moy be

requires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the haspital ar attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		EALTH AND MENTAL HYG	REG. NO.	8 9 9 2
	†TYPE	CEASED NAME FIRST	TINE Schmitz	COE	26 DATE OF DEATH MONTH	-6-84 905 PM
I	3. SE)	emale	S. DATE O MONTH CITIZEN OF WHAT COUNTRY?	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) YE 9 BALTIMORE CITY OR COU	
		COUNTRY)	MARRIET WIDOWE	A 6	Anne Anu	ndel Co MD
7	A	TY OR TOWN OF DEATH 11.	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	111	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN	1 11
2	13a. S	AL RESIDENCE IF NURSING HOME OR OTH	REPRINSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN HTDOGONUS	13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS / ZIP C	ODE 21403 Da Dr. Apt 41
	(Bernard A	Schmitz	Anna	Isabel	Dorsey
		VAS DECEASED EVER IN U.S. ARMED YES, NO DRUNKNOWN) (IF YES, GIVE WA		17 INFORMANT	ADDRESS Te Cromwell	Same as 0
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost.	/ // / / // // //	yaroilla VD	Hogoele	APPROXIMATE INTEVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	ODITIONS CONTRIBUTING TO DEATH BUT		20a AUTOPSY? 20b. IF	GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
1		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE EITHER, NOTHEY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURI	YES NOTER NATURE OF INJURY IN HEM	YES NO
ı	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (I) (this haspital) saw the deceased alive on obove, (I) (see) (did) (that not) vi	ew the body ofter death?		deoth occurred on the date and	hour and Irom the couses stated
		22b. SIGNATURE	Doud	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
	22 -	JON B	Lowe Mi	11 West	Street, Ann	apolis, MD2460

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

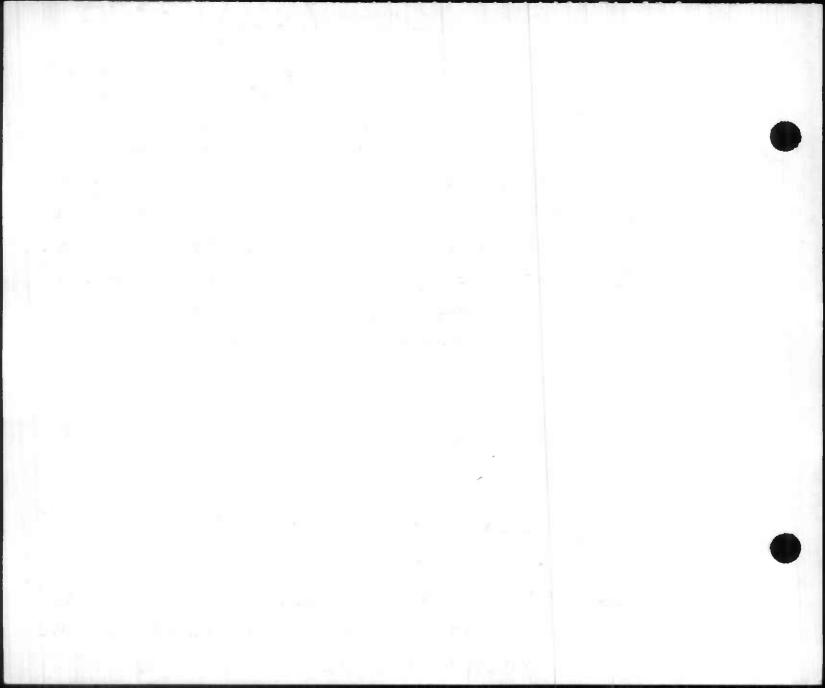
IMPORTANT: If Item 21 is marked at Item 18 shaws ony injury, at other troumatic event, the

medical (xa

24. FUNERAL DIRECTOR

CITY OR TOWN

SRAR 256 REGISTRAR'S SIGNATURE 25a. DATE REC'D. NOV 8 1984



and the same of th	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH

2 8 9 9 EST

	REGISTRAR		REG. NO.					-		
	ECEASED NAME ERST		LAST		MONTH DAY		26 HOUR			
Lin	PE OR PRINT) EVELY	V	COHEN		NOVEMBER	13,	1984	0807	PM	
3. S	EX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 2.	MIN.	
	FEMALE	WHITE	SEP	T. 27, 1912	72	YRS.	NINS DATS	HOURS	MIN.	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) POLAND	76. CITIZEN OF WHAT COUNT USA	RY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF			Y	MD.	
	GLEN BURNIE	NORTH ARUND	EL TOSP		120 USUAL OCCUPATK		MD ST	ATE P		
USI 130.	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MARYLAND ANNI	OTHER INSTITUTION, GIVE RESIDENCE BI NTY E ARUNDEL GLEN	BURNIE	150	13°STREET ADDRESS	ZVERS	RD.	#2106	1	
14. 6	FATHER'S NAME RUBEN	GINSBÜR		ANN A	CEE		TIL	LES		
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL S 213-34		17 INFORMANT WII	LLIAM SCHERI GHWAY GLEN	R, JR. BURNII	E, MD	210		
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b)	, and re	1	B		BETWEEN	MATE INTERV		
		E CAUSE (0) HACK	L Hes	mounter !	I woulder	5_	-	2 600	7	
		DUE TO, OR AS A CONSE	QUENTER OF						0-	
	Conditions, if ony, which	(16) be	Wb	winder						
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	QUENCE OF		_					
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	IN CERT				YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	[1 OR PART 2)		9	
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TOV	vN	COUNTY	\$17	ATE	
	22a.1 certify that (1) (this hosping sow the deceased alive of above, (1) (we) (did) (did no		7) 6/	nd that in (my) (our) opinion	death occurred on the do	te and hour o		that (I) (we		
	27b. SIGNATURE	llrex		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗌	22c DATE	3/8	27	
	JIL PHYSICIAN'S NAME (11875	a result		22e. ADDRESS 30	O HOSPITAL			134		
	SERGIO V. A	LVAREZ, M. D.	560	GLEN BUR	NIE, MARYLAI	VD 2100	51			
23a	BURIAL, CREMATION, REMOVAL	NOV.15,1984		ORE HEBREW	23d LOCATION BALTIM	ORE	COUNTY MA	ARYLAN	VD.	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If them 21 is marked or Item 18 shows any

should be detached for use as

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTO., MD 2

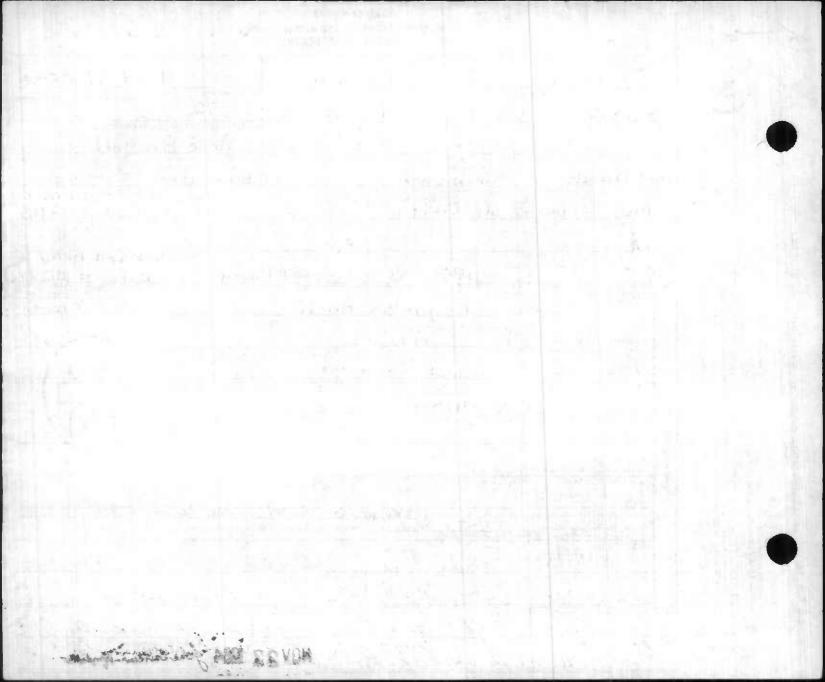
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256. REGISTRAR'S SIGNATURE INDER

PART AT THE ACT OF THE PARTY OF

220. I certify that (I) (this haspital) attended the deceased from 1300 No. 145 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	6	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAI HEALTH AND M IFICATE OF DI	NENTAL HYGI	ENE doc REG. No	2 8	994
The management of the production of the producti	· Pu	(TYP	ORPRINT) Marly	G.	C	olgate	2		11 24	84 0515AM
TO TO YOUR OF DEATH II. CITY OR TOWN OF DEATH III. NAME OF HOUSERS IN INJUSTING HOW OR OR OTHER INSTITUTION III. CITY OR TOWN OF DEATH III. NAME OF HOUSERS IN INJUSTING HOW OR OR OTHER INSTITUTION III. DEATH OF HOUSERS OR HOUSERS IN INJUSTING HOW OR OR ON ON OR OR	Prope 4.m	7a. B	Female RTHPLACE (STATE ORFOREIGN	White	COUNTRY? 8	by 12	1912	72	YRS	THE DAYS HOURS MIN.
USUAL RESIDENCE 19 MUSING RESIDENCE 19 MUSING ROBBERT AND	offer death.		nia	(IF NOT IN SUCH FACIL	WIDON TAL, NURSING HOME ITY, GIVE STREET ADDRESS	VED DIV	ORCED [TYPE OF WORK FOR MOST C	F WORKING LIFE	126, KIND OF BUSINESS OR INDUSTRY
220. I certify that (I) (this hospital) attended the deceased from 1300 161 18 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	AND 21780	USU 130.	TATE 136 COUN	OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION	13d. INSIDE CIT		13e STREET ADDRESS	ECON	0 LODGE
220.1 certify that (I) (this hospital) attended the deceased from 1300 100 100 100 100 100 100 100 100 10	completely is and 2 sh		FIRST			N/A	FIRST	WIDDIE	390400	211/3
220. I certify that (I) (this hospital) attended the deceased from 1300 161 15 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ALTIMORE te be exect icion and i		(IF YES, GIV	E WAR OR DATES)	4200733					Burine MD. 210
220. I certify that (I) (this hospital) attended the deceased from 1300 161 15 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ON ST., B. th certifica nding phys corbon pop or remove		PART I. DEATH WAS CAUSE	E CAUSE (0)	espirator CONSEQUENCE OF		12			8 hours
220. I certify that (I) (this hospital) attended the deceased from 1300 161 15 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	W. PREST		gove rise to immediate cause (o), stating the	DUE TO, OR AS A	Cinhos CONSEQUENCE OF	11 150				
220. I certify that (I) (this hospital) attended the deceased from 1300 161 15 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	requires the requires the signed or to burns or to burns or to y injury, or	TION	GELO-ELA	Malnutr	rition					
220. I certify that (I) (this hospital) attended the deceased from 1300 161 15 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	TTAL REC The low sicion. The low be be be ansit permitygiene pri tygiene pri	CERTIFICA		21b. TIME OF INJU	JRY	21c HOW INJ		YES NO	IN CERTIFYIN	G CAUSES OF DEATH?
220. I certify that (I) (this hospital) attended the deceased from 1300 161 15 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	SPHYSICIAN Tending phy tending phy tending phy tentific phy and American Mental Hond Mental		(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE	P.M.	JURY	211 LOCATION				
276. SIGNATURE 276. SIGNATURE DEGREE ATTENDING & MEDICAL STAFF PHYSICIAN DIRECTOR PHYS	TTENDING putol or at 110R. After 15 or use as to at Health a 11 is marking 121 is		220.1 certify that (1) (this haspit sow the deceased alive on.	11-7	4 1954		, 19 P V	, 10	, 17.	
220 ADDRESS	PITAL OR A by the hoss ERAL DIREC e detoched Stote Dept.		226. SIGNATURE	Sofr	en mo	DEGREE	TTENDING X	MEDICAL STAI	F	

DHMH-16 30M 2/80 (VRA 15, 4)



TENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours often

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and costshould be detached far use as the burial-transit permit. Then please remaye carbonpapers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked or them 18 sharmany injury, or ather troumatic event, the

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STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE)	· d	-
CERTIFICATE OF DEATH		REG.	NO.
LAST	20 DATE O	F DE ATH	M

8

250. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

9

1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH A		IENE)	2 8	9 9	5
	CEASED NAME FIRST MILLIAME	MIDDLE	Cox		11/23/84	nonth DAY	3 1984 21	9 AM
3 SE	Female	Caucasion	5 DATE OF BIRTH	6 1920	6. AGE (IN YEARS LAST BIR	YRS.	THS DAYS	FUNDER 24 HRS
W. BI	est Virginia	16 CITIZEN OF WHAT COUNTRY	MARRIED NEV	DIVORCED	Ahne	Arund	el Co) . MD.
A	Anapolis	11. NAME OF HOSPITAL, NURSI LIENOT IN SUCH FACILITY, GIVE STREE Bay Manor	NUrsing 1	Lames	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O NEVER WO		12b. KIND OF E	SUSINESS OR
130. 3	STATE Md Balt	0.1	WN 130. INSI	DE CITY LIMITS?	13e. STREET ADDRESS	UN	IKNOWN'	799
	William Ja	ackson Co	x Lu	FIRST	o-ta	ce	LAST	20X
	NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 16b social section was or dates) 236 -46	10 1039 BO	ISIL CO	ADDRI	ESS		
	PART I. DEATH WAS CAUSE	ly one couse per liper (a), (b), of D BY E CAUSE (a)	rating A.	mest.			BETWEEN ONS	TE INTERVAL
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (IC)	alie Ca	niuem	a g Bre	ks t		
NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT RELA	ATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o)	Julean.
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATION WAS PE	RFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES OF	
MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR		ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	ATION REET	CITY OR TOV	VN 3.3	COUNTY	STATE
	220.1 certify that (1) (this haspit saw the deceased glive an above, (1) (well-that) (did not 22b. SIGNATURE)	to view the bady after death.	Di I	(my) (aur) apinian d	, to	ate and haur o	,	
	22d. PHYSICIAN'S NAME (TYPE OF	e MA	M . D		MEDICAL STA		11/23	187
	CV CYRIA	ie .	14	WELLHA		SLENG	URNIB	· MD 2106
23a. E	BURIAL, CREMATION, REMOVAL CREMATION		NAME OF CEMETERY	orcrematory TAN ALEX	ANDRIA FA	IRFAX°	VIRGI	ΝÍĂ

STREET

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EVANS

WEST

ANNAPOLIS, MARYLAND

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR ROBERT E.

retained by the haspital ar attending physician.

TO HOSPITAL

A MARCH OF THE STATE OF THE STATE OF The second secon a) Asbaura ranger and the state of the state Above to the little Marine Report of Bearing The way to the second The state of the s The second Property of the second ALTERNATION OF THE PARTY OF

npletely filled in by the fune and 2 should be filed within 7

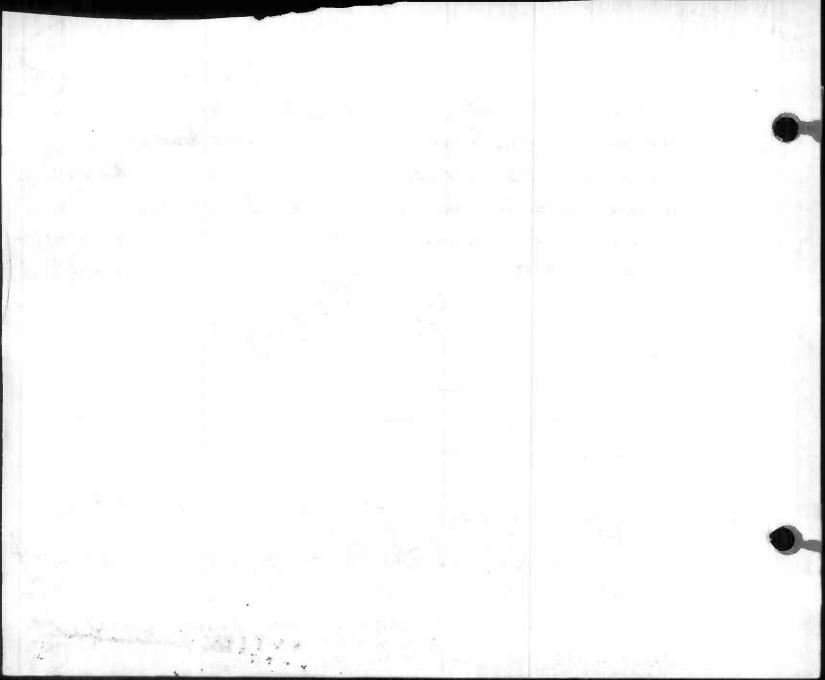
TO FUNERAL DIRECTOR: After this certificate has been signed by the estimating physician and should be detached for use as the burial-transit permit. Then please remove softmen papers, Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremition, or removal

retained by the hospital or attending physician.

BP______ DHMH - 16 50M 4/83

(VRA 15, 4)

1			STATE	I MARTLA			
1	FOR STATE	DEPA		LTH AND MENTAL HY	IENE		
	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.28	9 9 6
	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
(TYPE	RICHARD	J	CRAT	TON	November	11	1984 12:40
3. SE	x 4	. RACE	5. DATE OF		& AGE (IN YEARS LAST BIR	THDAY) # U	NDER I YEAR IF UNDER 24 HR
	MALE	CAUCASIAN	Nev:	DE 1922	61	YRS.	
	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNT	MARRIED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH
	RYLAND	WITED STATES	WIDOWED	DIVORCED [UNDEL	
10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUF		OTHER INSTITUTION	128 USUAL OCCUPATI	ON F WORKING LIFE!	126 KIND OF BUSINESS C
	IERNA PARK	323 SOUTH 1	DR.		SALES		BUILDING PRO
13a S	AL RESIDENCE) IF NURSING HOME OR O		OWN II	M INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	01/
		RUNDEL DEVERNA	MICH	YES NO	1323 Sou	THUR.	31146
14. EA	ATHER'S NAME	IDDLE /) IAST		5. MOTHER'S MAIDEN NA	WIDDIE		LAST
	YAMES L		NO	ELLA	ADDRI	140	LLINGS WOR
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) [IF YES, GIVE	MED FORCES? 166 SOCIAL S	ECURITY NO.	7 INFORMANT			17
	YES WW	II 216-18	-3296 1	MARY E. CRI	AFTON (S	SAME A	8 13)
	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line far (a), (6)	, and (ch.)	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	IMMEDIATE		accinos	natasis			
		DUE TO, OR AS A CONS	OBENCE OF Y	11.1	1		
	Conditions, if any, which	(b)	10195 X	as (Lu	ug cance	1	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF				
	underlying cause lost	(c)					
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	IN PART No
FICATION		71					
CAT	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS USED
TE					YES NO	YES [] NO []
CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)
CAL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		III LOCATION	CITY OR TO	WN	COUNTY STATE
\$	WHILE NOT WHITE AT WORK	(AT HOME, STREET, FACTORY, OFF	NE-LAHM ETC)	(1/	1	,	51
	27s I certify that (1) (this haspite	oli attended the deceased fro	m 97-3	50-84, 19 8	, ta	. 19_	, th (1) (we) h
	saw the deceased give an above eth jure (did I did not		98 4 and	that in (my) (our) opinian	death occurred on the d	ate and hour an	nd from the causes stated
	224 SIGNATURE 77	They ster body gitter degits.	DE	GREE			224. DATE SIGNED
	Winds	X1.11 WW	un den 1	ATTENDING PHYSICIAN	MEDICAL STA		11-17-5
	77d PHYSICIAN'S NAME INTO	MINITO TO SALVE	myret /	We. ADDRESS	DIRECTOR	1	11/ /20
	AG	Alpva	derin	1300	1. Adual	Lune	71017
72-	BURIAL, CREMATION, REMOVAL	23b. DATE [13, NAME OF COA	METERY OR CREMATORY	123d LOCATION	7	21012
238.	SPECINE)	1 1 00 1	Want or CEN	A PART OR CREMATORY	CITY OR TOWN	120	OUNTY STATE
24 F	CREMATED	Nov. 14, 1984	MESIVEIN	CZEMATORY	WESTVEIN	OF DE TETO	IMARE ML
1	UNERAL DIRECTOR	5AEGA	L. KITCHI	E HWY.	TA TONE	ALCOUNE.	The state of the s
1 4	NEFOT N. WARRA		57	. d.m. 11114		1	-



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

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	/		- 1
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STATE OF MARYLAND FOR STATE

				VI III	ANII	CHILD	34
DEPARTME	NT	OF	HE.	ALTH	AND	MENTAL	HYGIENE
	CEF	TI	FIG	CATE	OF	DEATH	

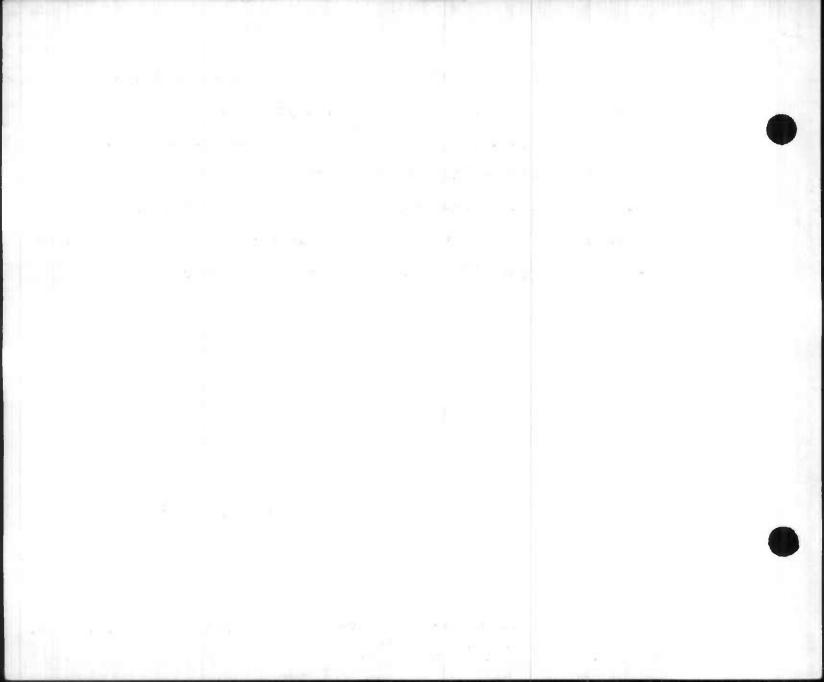
2	8	9	9	1
				- 4

lia Navidson-Randalle

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
- 1	THOS	ns Richard	CRESS	November 16	, 1984
- 1	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 P
-1	Male	White	0ct 25, 198	2 52 YRS	
24	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNT	Y OF DEATH
11	Maryland	U.S.A.	WIDOWED DIVORCED	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Co.
11/	10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS
10	Pasadena	Home - 710	207th Street	Police Office	er Balto Ci
	USUAL RESIDENCE (16 NURSING HOME (136 COL			TS? 13e.STREET ADDRESS / ZIP COD	· SIL
11	Md.	A.A. Pasad		240 00211 0	treet
11	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	IZASI
dell	Charles	Cres	s Mar	garet	Buettner
0 /	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
E /L	Yes K	RETA 219 28	1274 Nancy C	ress Same as 13	е
¥ [18 CAUSE OF DEATH (Enter	inly ane cause per line lar (a), (b),	and (c) 1 S		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	CINOMATOS	ris	
ğ			DIJENCE OF		
Š .	Conditions, if any, which	(ib) CAC	CER OF 7/1	EPANIREAS	1 year
1	gove rise to immediate couse (a), stating the)			
Sthe	underlying cause last	DUE TO, OR AS A CONSEC	QUENCE OF		
b b	DARK O OTHER SIGNASSICAN	CONDITIONS CONTRIBUTIONS	O DEATH BUILDING BELLING TO THE	TERMINAL DISEASE OR CONDITION GI	VENT IN COUNTY IN
lory		CONDITIONS CONTRIBUTING I	O DEATH BOT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GI	VEN IN PART ITO
2	2)0. DATE OF OPERATION 2)0. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
5	DE				FYING CAUSES OF DEATH?
Sho	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	
0	OR CONTRACTOR OF CALLER OF C	THOUSE A MAN MONITH		(English and St. A. S.	
1/	(IF EITHER NOTIFY MEDICAL EXAMIN		19 211 LOCATION		
P	(IF EITHER NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED WHILE NOT WHILE	21¢. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
orke	AT WORK				44
3		oital) attended the deceased Iran	m	D 1 10 11 10	19 7, that (II (we)
21	sow the deceased alive a above, (1) (we) (did) (did)	n 19	, and that in (my) (our) ap	pinion death occurred an the date and ha	ui and Iiam the causes stated
E e	226 SIGNATURE	11/	DEGREE		22c DATE SIGNED
*	/	Munarx	ATTENDI	NG STAFF AN DIRECTOR PHYSICIAN	11/17/0
7 /	22d PHYSICIAN'S NAME (TY	OR MINIT	27e ADDRESS		11/1/
VORTAN	SERGOD	SERGU	300/40	Sp. DR. 5174. 61	ENBURATER
2	23a BURIAL, CREMATION, REMOVA		BE NAME OF CEMETERY OR CREMATE	ORY 23d LOCATION	
	(SPECIFY) Burial		Glen Haven Mem	Pk Glen Burnie	e A.A. Md
		1+0 Md	21 22 5	a. DATE REC'D. BY REGISTRAR 25b. REGIS	
′B3	George J. Gond	e 4001 Ritch	.21225 ie Hewy	DV 20 man de A	widson-Randage
- 1	GEOTEE OF GOING	C TOOL ILL OCIL	70 70 11	UV GU TURZI T 27KM	unason-panaele

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.



7 10	1 - FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENS 4 2 8	9 9 8
y be sign 3 Seath	John C	rismond, Sr	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR 415
on a state of the	male	1 RACE White S. DATE OF BIRTH MONTH 2 DAY 15 YEAR 10		IF UNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
de oth P	TIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED WIDOWED DIVORCED	Anne Arundel	OF DEATH MD.
E TO THE STATE OF	Annapolis	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ARNE Arundel General Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE RETIPED	12h KIND OF BUSINESS OR
AND 212	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136, CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY	3730 Beach Dr	
MARYL and 270	Frederick	Since Crismond: Emma		TODES
IMORE, Poper I	160 WAS DECEASED EVER IN U.S. (YEL NO QRUNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	rner-Bryantow	e#1, Box 371 A
rtheate physics macpen method		anly ane cause per line far (a), (b), and (c) ISED BY: IATE CAUSE (a)	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 2 W/15.
death ce death ce intending yes carbo ign. or n	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		
1 W. PR	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		
RDS, 20 requires Then pla r to burn rejury, o	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTINUEDING TO DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a
At RECO	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
HELAN III OF VIII OF VIII OF VIII III OF VIII OF V	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH DAY YEAR	ED (ENTER NATURE OF INJURY IN ITEM IB PAI	RT I OR PART 2)
MVISION WG PHYS arter that can be and he head on he	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR should be defached for us with the State Dept. of Nec

saw the deceased alive an_

TIN SIGNATURE

22a.1 certify that (1) (this troubted) ottended the deceased from

Steinfeld, M.D.

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

6131 Shady Side Rd., Shady Side, MD

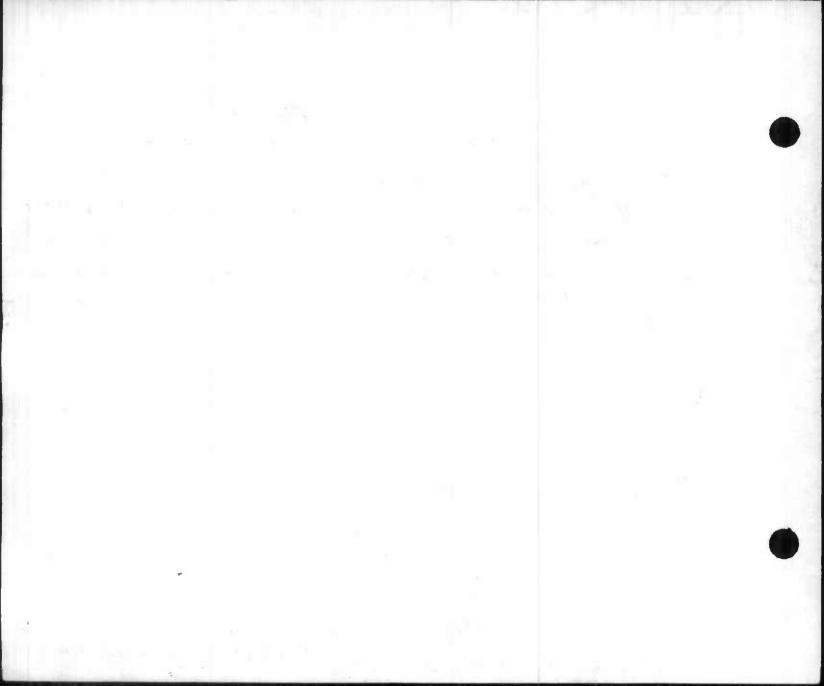
ATTENDING MEDICAL STAFF

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 200.

(aur) apinion death accurred an the date and haur and from the causes stated

and beneat the same to be a like the same The first that the second of t and and the straight of the same of the sa Carlo and the continues of the control of the contr LA COMONIA - PROPERTY TO LANDON TO LEVEL

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		8 9 9 9
	1. DEC		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
2 R28	TYPE	ORPRINT)	1 0	CROSS	11	984 2 AM
Li Pay	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
2 5		MALE	Caus	MONTH DAY YEAR	72	
Pag dire				? B		
n 72	C	TENU.	USA	WIDOWED DIVORCED	+ A.A.C.	MD.
ofter di	10. CJ	ON TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)		
8 E u 2	USUA	L RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		-1111
in 24 h		MID A		LA YES NO NO	810 HYLESBL	py GARTH
derel derel	SAMUE CROSS S. DATE OF BIRTH B. AGE [INVERSIAST BIRTHOAT] B. UNDER 174. M. EUROBE 23 HBS MACHINE CAUC. S. DATE OF BIRTH GAY YRS.					
3 SEX 4 RACE 5 DATE OF BIRTH MODIN 76 BIRTHPLACE (STATE OF FOREIGN) COUNTRY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. USUAL CCCUPATION 13. SEX 1 RACE 5 DATE OF BIRTH MODIN 76 BIRTHPLACE (STATE OF FOREIGN) 76 BIRTHPLACE (STATE OF FOREIGN) COUNTRY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. USUAL CCCUPATION 13. SEX 18. BIRTHPLACE (STATE OF FOREIGN) MODINE OF MARKED 19. BALTIMORE CITY OR COUNTRY OF TOWN MODINE OF MARKED 19. BALTIMORE CITY OR COUNTRY OF TOWN MODINE OF MARKED 19. BALTIMORE CITY OR COUNTRY OF TOWN MODINE OF MARKED 19. BALTIMORE CITY OR COUNTRY OF TOWN 19. BALTIMORE CITY OR COUNTRY OR COUNTRY OF TOWN 19. BALTIMORE CITY OR COUNTRY OR	STREET					
or exection and and and and and and and and and an			E WAR OR DIALEGE	RETHENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 10. DATE OF BIRTH MOMIN DAY S. DATE OF BIRTH MOMIN DAY WAS BELLEVER MARRIED DAY WARRIED DAY MARRIED DAY DAY DAY MARRIED DAY DAY DAY DAY MARRIED DAY DAY DAY DAY DAY DAY DAY D		
physicic npaper emaval.		PART 1. DEATH WAS CAUSE	DBY: WILLIAM	11/21	Pardiomjopas	
h cer nding carba ar re			DUE TO, OR AS A CONSEO	UENCE OF		
deat atten			(b) (Prone	y ally William	<u></u>	
by the bse rem		cause (a), stating the	1 /// 10 -	- / /] / / /	A Preumone	a.
2 62 8	Z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART I to
n. na permine premine	IFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	RTIFYING CAUSES OF DEATH?
Z Z Z Z Z Z		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART ORPART 2)
YSIC ding s cer s cer Ment	DICA					
G PH er thi	WE	WHILE NOT WHILE AT WORK			CITY OR TOWN	COUNTY STATE
ENDIN ral ar DR. Af ruse a Health		saw the deseased alive an	tal) ottended the deceased fram		, IU	
ATT lospii ed fo ot. of om 2		above, (1) Live (did) (did no	t) view the body after death.			
by the H by the H EERAL DIR State Deg		Konald	1 C Spok	a MD ATTENDING PHYSICIAN		11/9/84
to Hospital etained by the To Funeral should be det with the Store IMPORTANT:		22d PHYSICIAN'S NAME ITYPE C	C, SROICA		F 6055 (
show with	73a I	KONALI)		RETY OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH REG. NO. 1AST CROSS S. DATE OF DEATH REG. NO. 1. DAY YEAR 26 HOUR PSY 2 MM MONTH DAY YEAR 26 HOUR S. AGE (INVERSIASI BEHDAY) B. AGE (INVERSIASI BEHDAY) PROJECT DAYS HOURS MANA WIDOWED D MORECE DO THE INSTITUTION IT B. USUAL OCCUPATION IT B. USUAL OCCUPATION IT B. WIDOWED THE WINDOWS OF WORK FOR MOST OF WORK FOR FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR FOR MOST OF WORK FOR MOST OF WORK FOR FOR FOR FOR MOST OF WORK FOR		
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DHMH - 16 50M 4/83 (VRA 15, 4)	14.11	at I Sa	ADDRESS	DEC NO. TESTINGENCY OF BETTH ACRIF OF BETTH		
	1	Company of the first				



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Fond 2 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Fond 2 should be store Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP.

DHMH - 16 50M 4/83

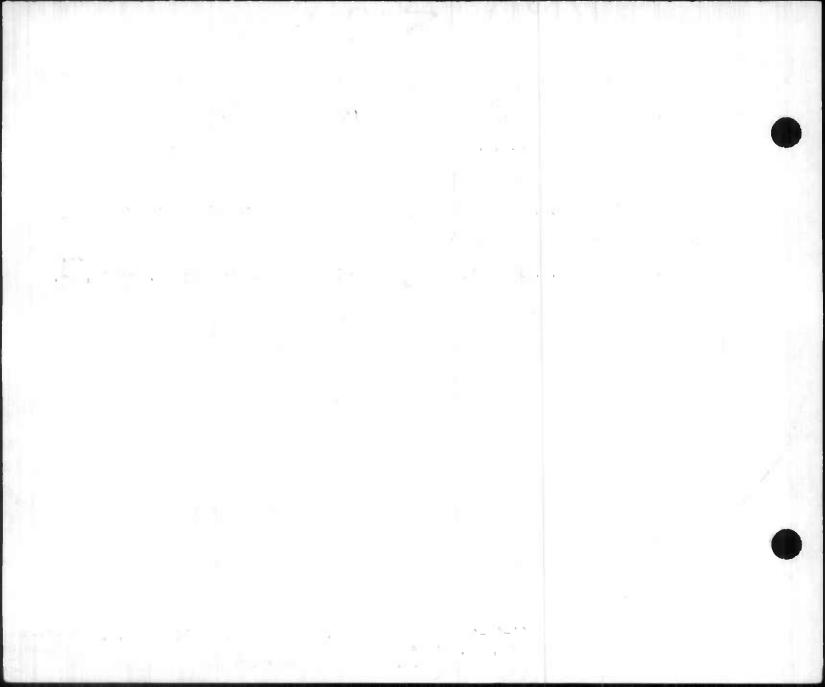
(VRA 15, 4)

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MENT	OF	HE	AL	гн	AND	MENT	A1	HYCI	E

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

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1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	REG. NO.	2 9 0	0 0
{TYPE	CEASED NAME FIRST ROLAN	UD T	CU	LLEY	2a DATE OF DEATH MONTH	-12-84	9 55
3. SEX	MALE	1 RACE B	5 DATE O			MONTHS DAYS	IF UNDER 24 HR
MA	RYLAND	U.S.A.	MARRIE		9 BALTIMORE CITY OR CO	I. COUNTY	
AN	NAPOLIS		GEN ERAL	HOSPITAL	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK		F BUSINESS C
MA	AL RESIDENCE IF NURSING HOME OR STATE 136 COUN RYLAND A.A	4 5 70 0 4 700	-	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP 12 Gilmer S		101
	THOMAS	CULLEY		15. MOTHER'S MAIDEN NAME FIRST ELIZABE	MIDDLE	TURNER	r
16a V	NAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SI	ECURITY NO.	GARY QUEEN 8	ADDRESS 06 Masherry D	r. Arnold.	1012 Md.
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT COUNTY CO	DUE TO, OR AS A CONSEI Ib) DUE TO, OR AS A CONSEI Ic) CONDITIONS CONTRIBUTING 196. CONDITION FOR WH	QUENCE OF, DEV TO DEATH BUT	c ohstruc	200 AUTOPSY? 206.	IF YES, WERE FINDING CAUSES	NGS USED OF DEATH?
	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	YES NO	YES	но 🗆
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	ICE, FARM, ETC.)	21 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	270.1 certify that (1) (this haspin saw the deceased alive on above, (1) (we) (did) (did no 27b. SIGNATUTE	11117	987.01	DEGREE ATTENDING	death accurred on the date on MEDICAL STAFF DOIRECTOR PHYSICIAN (22c. DATE	
123a F	22d PHYS AN'S NAME (TYPE O	ia Plucis	3r NAME OF C	22° ADDRESS 1521 F	1234 LOCATION	104/	Je Ner
24 F	URIAL UNERAL DIRECTOR Anna	4.4	PTNELAW	N MEM PARK	Annanolia	EGISTRAR'S SIGNAL	Marylan andele,



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be retained by the haspital or attending physician.

STATE OF MARYLAND

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-	Gua		U

1	- STATE REGISTRAR					FICATE OF DEATH	REG. N	0.		
	ECEASED NAME	FIRST		WIDDLE	ı	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	PE OR PRINT)	RAY			DAVIS	S	NOVEMB	ER 28	8, 1984	353
3. St	EX	100	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RIHDAY)	IF UNDER I YEAR	IF UNDER 24 H
	male		white	е	Dec		83	YRS	MOININS, DATS	NOURS M
7a. 8	SIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAAAAAA	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1	Marylan	d	U.S.I	Α.	WIDOWE	4.6	ANNE .	ARUND.	EL COUN	TY
10 0	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS
	GLEN BUR		NORT	H ARUNDE	L HOS		carpent			truct
USU 13a	JAL RESIDENCE (IF NUR	13b COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	E XIC	154
	1d.	Α.		Gambri		YES NOX	2280 Da	avids	onvill	e Rd
14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	ST.
1	Miller			Davis	3	7.1131	unknowr			
160	WAS DECEASED EVER	IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR			
10	yes no or unknown)	W	W I	213-24-	-7526	Ada Davis	same as	13e.		
	Conditions, if on gove rise to im couse (a), state underlying cous	y, which imediate ing the e lost	DUE TO, O DUE TO, O DUE TO, O (c)	ir as a consequi	ENCE OF	he Har	+ Forilut			
CATION	Conditions, if on gove rise to im couse (a), state underlying cous	IMMEDIA y, which mediate ing the e lost	DUE TO, O (b) DUE TO, O (b) (c) CONDITIONS CO	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM		20b. IF YE	S, WERE FINDI	VGS USED
TIFICATION	Conditions, if ongove rise to imcouse (o), stotiunderlying couse	IMMEDIA y, which mediate ing the e lost	DUE TO, O (b) DUE TO, O (b) (c) CONDITIONS CO	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM	MINAL DISE ASE OR CON	20b. IF YE		VGS USED
CERTIFICATION	Conditions, if ongove rise to imcouse (a), static underlying cous PART 2 OTHER SIG	IMMEDIA y, which mediate ing the e lost WIFICANT ATION	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196. COND	IR AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM	ZOG AUTOPSY? YES NO	20b. IF YE IN CERTI	S, WERE FINDIN IFYING CAUSES (ES	NGS USED OF DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

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Hardesty Funeral Home Ann. Md.

A TOTAL

STATE OF MARYLAND

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3. SE	EMALE	4. R	WHIT	5	S. DATE O		19	6	EARSTAST BIRTHDA	YRS	THS DAYS	IF UNDER 24 HRS HOURS MIN.
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	18 CAUSE OF DEATH PART I. DEATH WAS			for 101, (b), and		E G IN	350n	e A	NEST		APPROXIM BETWEEN ON	NSET AND DEATH
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		gave rise to immediate cause IoI, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE (c)									YEAR	ns
TION	PART 2 OTHER SIGNIF	METE	5 /12	usqu	3	- Ty	PE 9		YEM	15	IN PART 110	
CERTIFICATION	190 DATE OF OPERATION		196 CONDITION		OPERATIO			YES [NOU	CERTIFYIN YES [G CAUSES C	
MEDICAL CE	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	P.M.	MONTH DAY	YEAR		JURY OCCURR	RED (ENTER NA	ATURE OF INJURY IN	ITEM 18 PART	I OR PART ?)	
MED	21d INJURY OCCURRE		21e. PLACE OF IN (AT HOME, STREET, F	ACTORY, OFFICE, FA		211. LOCATIO			CITY OR TOWN		COUNTY	STATE
	220 I certify that (I) (t	his hospital)	ottended the de	ceosed OM_	NOVE	W38/67	2, 19 84	, to		. 19.		not (1) (we) lost

sow the deceosed alive on ______obove, (I) (we) (did) (did not) view the body after death 226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS 653 OLD MILL ROAD

			DA	WL	J_K	02
80	BURLA	M CR	FMAT	ION	REMO	IAVC

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

BP
DHMH - 16 50M 4/83
(VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove awith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

certificate has been signed by

ATTENDING

injury, or other froum

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m 21 is morked or

IMPORTANT

REGISTRAT 256 REGISTRAR'S SIGNATURE

ALL THE PROPERTY AND ADDRESS OF THE PARTY AND 197834 Children Holden

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	r deoin Po	funeral diri	od once
	4 hours offe	lled in by the	The notifie
	uted within 2	completely fi	otexaminer must be notified a
	cote be exec	opers. Poges	nt, the medica
	deoth certifu	ottending ph ove corbono stion, or remo	roumotic ever
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death Page. The retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direction about a should be detached for use as the burial-transit permit. Then please remove corbonopoers. Pages 1 and 2 should be filled within 72 hours of with the State Deat of Meelth and Mental Hydrene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner muss be notified at once.
	The low requ	e hos been s sit permit. Th	hows ony inju
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I eroined by the hospital or attending physician.	this certificate burial-tron	d or Item 18
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	Spital OR A	NERAL DIRE	TANT: If Hem
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR								REG. NO.				200	-
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	{ I YPE	HA	ZEL	K.	EGLEY	DICKER	SON		NOV	EMBER	04,	198	34	0441	PM
	3. SE X	(4 RACE		5. DATE C			6 AGE INY	EARS LAST BIRTHI	DAY	MONTHS.	RIYEAR	IF UNOER	24 HRS
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		RTHPLACE STATE OR FOR	EIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER A	AARRIED 🗆		RE CITY OR					
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1	16a. W	VAS DECEASED EVER IN		MED FORCES?	405/44		17 INFORMA 2 Juan	ita J.	. Shi	pley	Je (dai	işh t	er)	207	94
		18. CAUSE OF DEATH (Enter only one couse per line for M, b), onder My Ran Sol July Party. Death WAS CAUSED BY.								8	APPROXIMATE INTERVAL BETWALL OBJET AND DEATH				
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1	CERTIFICATION	190 DATE OF OPERATIO	N	196. COND	TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED					WERE FINDINGS USED YING CAUSES OF DEATH?		
7		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DE		M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERNA	LTURE OF INJURY	IN ITEM 18	PART I OR	PART 2)	-27	
	MEDICAL	214 INJURY OCCURRED	D	21s. PLACE	OF INJURY	FARM (TC)	211 LOCATION STREET	N		CITY OR TOW	N	co	YTNU	5	STATE
		22n.3 certify that (1) (1) saw the decease above, (1) (we) and					nd that in (my)	, 19.59 (our) opinion o	deoth occurre	7 - 16 ed on the dot	e ond ho	, 19 ur ond fr	rom the	tha (1) (couses str	e) last ated
1		37h SIGNATURE	1	for	~	0	DEGREE	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		22	N	SIGNED SIGN	
		Dr. JOSE	M M	8.6	JICO, M	AUGUST CO.		UREL MA	RYLANI				1	,	
		Burial REMATION RE	MOVAL	7 No	v.1984	Meado	emetery or o	e Mem.		Elkri)TATE
	24. FE	INERAL DIRECTOR	1000	allen	MULMESS					TORA :	REGIS	TRAR'S	SIGNATI	URE Randa	92
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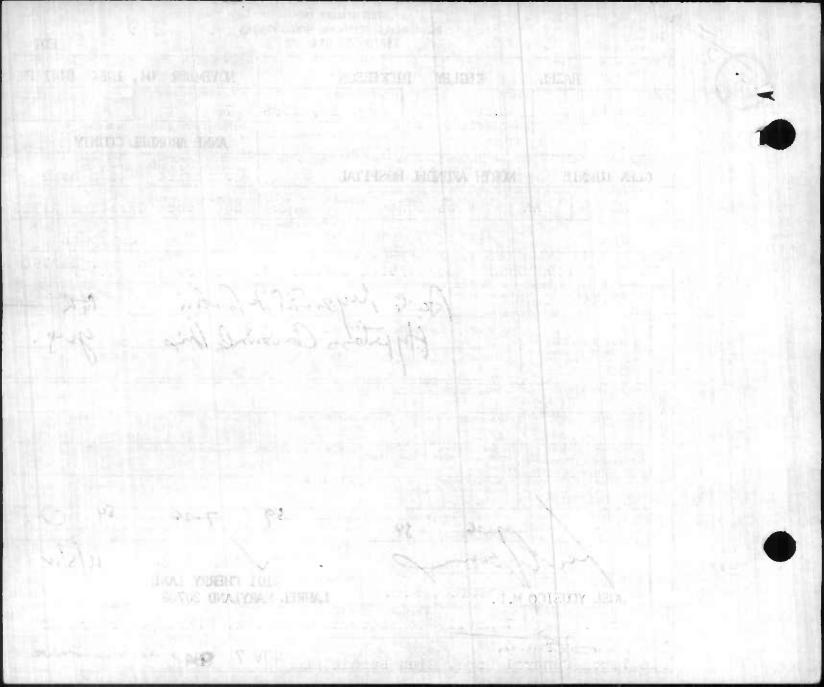
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Glen Burnie, MD

DHMH - 16 50M 4/83 (VRA 15, 4)

Singleton Funeral Home,

BP.



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1	FOR		DEPARTMENT	T OF HEAL	TH AND MENTAL HYGII	END E	La i	/ 0	J ~
	- STATE REGISTRAR		CI	ERTIFICA	TE OF DEATH	REG. NO).		EST
	1. DECEASED NAME	FIRST	WIDDLE	ŁAST		20 DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR A
	(TYPE OR PRINT)	DAVID		DIG	GS	NOVEMBER	22,	1984	11:30 _M
	3. SEX	4 RACE	5.1	DATE OF BI		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	MALE	BLACE	,	MONTH	23 11	73	YRS.	AONTHS DAYS	HOURS MIN.
	To BIRTHPLACE (STATEORFO		WHAT COUNTRY? 8			BALTIMORE CITY O		OF DEATH	
1	MARYLAND	U.S	r A	ARRIED.	NEVER MARRIED	ANNE ARU	UNDEL	COUNT	ry MD.
-	10 CITY OR TOWN OF DEAT	H 11. NAME OF	HOSPITAL, NURSING H	OME OR O		120 USUAL OCCUPATION			F BUSINESS OR
	GLEN BURNIE	E "NOR	THWARUNDE	L HO	SPITAL	(TYPE OF WORK FOR MOST O	F WORKING LIFE	E) INDUSTRY	
	USUAL RESIDENCE (# NURSIN 13a. STATE	G HOME OR OTHER INSTITUTION 36 COUNTY	GIVE RESIDENCE BEFORE ADM		INSIDE CITY LIMITS?	13e,SIREET ADDRESS /	ZIP CODE	2	1032
	MARYLAND	A.A.	CROWNSVIL	E YE	S NO	126000Suni	rise B	each Ro	1.
	14 FATHER'S NAME	MIDDLE	LAST	15.	MOTHER'S MAIDEN NAM	MIDDLE		LAS1	ī
	DAVID		DIGGS		ANNIE			HALL	
	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b SOCIAL SECURITY	NO. 17	INFORMANT CY	ownsyille,	Maryl	land 210	082
	(YES NO OR UNKNOWN)	W.W.II	218-01-78	81	GERTRUDE DIG		Sunris		
		(Enter only one couse pe	line for (a), (b), and (c)	1	,1	E		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
ļ	PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE (a)	Congesto.	0 1	Heart 7	ailure			
		DUE TO, C	R AS A CONSEQUENCE	E OF					
	Conditions, if ony,								
	gove rise to imme couse (a), stating	the DUETO, C	R AS A CONSEQUENCE	E OF					
	underlying couse	lost (c)							
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
	190 DATE OF OPERATION OF THE PROPERTY OF THE P	au Ivi caus				To an and one wa	Tank IF VEC	MEDE EN IDA	10011000
7	M DATE OF OPERATE	ON 196. CONL	ITION FOR WHICH OPE	RATION W	AS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES	OF DEATH?
	710. ACCIDENT WAS UNDE	RLYING 7 21b. TIME C	NE INTITION	121	HOW INJURY OCCURRE	YES NOL		S	NO 🗌
Y	OR CONTRIBUTION CA	110110		YEAR	C HOW INJOK! OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	INT OR PART 2]	
	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE		M.	19	LOCATION				
	21d. INJURY OCCURRE	{AT HOME, SI	OF INJURY REET, FACTORY, OFFICE FARM		STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK			1- 8	276	//>	-	-971)	
		this hospital) attended the later on 16-22	ne deceosed from	0	not in (my) (our) opinion de	toon the do			that (I) (we) last
	obove, (1) (we) (did	d) (did not view the body	after death	DEG		eom occorred on the de	ne and noor	22c DATE	
	220. SIGNATURE	12	-62	DEG	ATTENDING .	MEDICAL _ STAF	F	ZZE DATE	SIGNED
	22d PHYSICIAN'S NAM	AF (TYPE OR BRILLY)	1	122		DIRECTOR PHYSIC		162	3-04
		, , , , , , , , , , , , , , , , , , , ,		111	, , ,		ROAD	TAND '	21061
	SANG C	. DOH, M.I			GLEN	BURNIE,	MAKI	LAND	21001

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

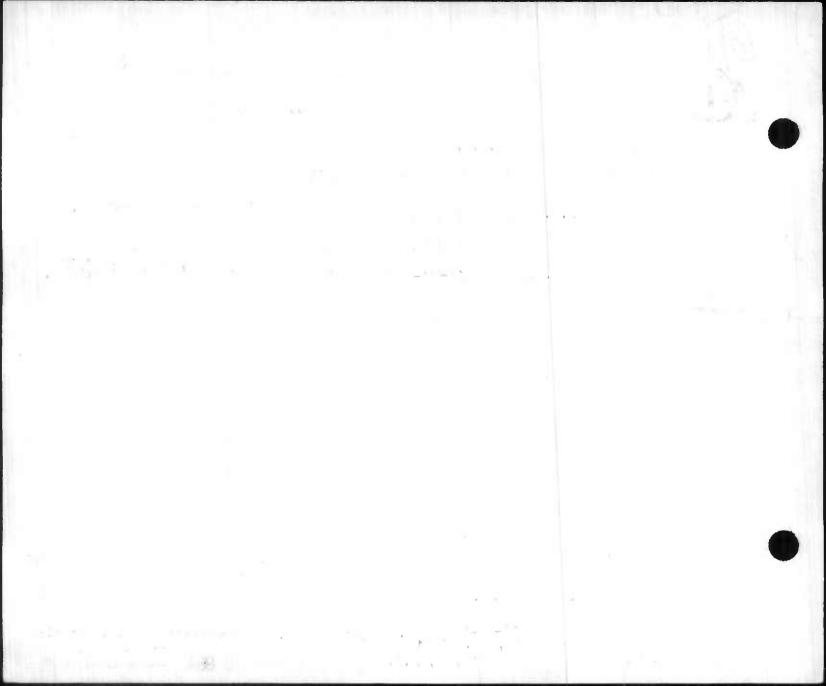
23c NAME OF CEMETERY OR CREMATORY Md. Veterans Ceme

23d LOCATION

11-27-1984 M Annapolis, Md. 21400 WILLIAM REESE &SONS MORTUARY, P.A.

A.A. Maryland

Perhia Davidson Randalle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove canwith the State Dept. of Health and Mental Hygiene prior to burial, cremation IMPORTANT: If Item 21 is marked or Item 18 shows ATTENDING PHYSICIAN retained by the hospital or

BP.

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔠

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6.4	200	9	U	U	30

S. Sec. S. Shirt C. Shirt			REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
3 SEX FAMM CAUCA 5: AN SDATE OF BIRTH AMON'N A AGE (INTERSTALL SUBSIDIAL SUB				WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
The major of the property of				e	2	illon	Noven	ber 20	1984	6:46 PM
The street of		3. SE		4 RACE			6. AGE (IN YEARS LAST BIRTI			IF UNDER 24 HRS
The Britherace State processor The Country The Cou			Female	CAUCASIAN			98		SUAYS	HOURS MIN
18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSHNOLOHOR OR OTHER INSTITUTION 12. USUAL OCCUPATION 13. STREET ADDRESS 13. STREET ADRESS 13. STREET ADDRESS 13.	P)				B AAAAAAA		9 BALTIMORE CITY O		EATH	
II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 178 USUAL OCCUPATION WAS DEPENDED. 178 USUAL OCCUPATION 178 USUAL OCCUPATION 178 USUAL OF SUBSTREAM 178 USUAL OF SUBSTREAM 178 USUAL OCCUPATION 178 USUAL OF SUBSTREAM 178 USUAL OCCUPATION 178 USUAL O	2	1		U5A			ANNE A	RUNde	l	MD.
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136 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? 136 STREET ADDRESS 136 PARLY	9	1	11101	TLRASANI LIVING	cons	CENTER	Lomesh c			
INCOMPTION TO THE NAME		130 5	STATE 136 COUN	ITY 13c. CITY OR TOW	N		130 STREET ADDRESS	el Road	,21	037
UNKNOWN INFORMANT IN	V	14. FA	THER'S NAME	4			VE.			
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22a I certify that (I) (this haspital) attended the deceased fram	-	ğ					CITY OF YOU		NILLIE W	
saw the deceased alive and the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. PHYSICIAN'S NAME TITE OF PHYTI		E	AT WORK AT WORK	(AT HOME, STREET, PACIONY, OFFICE, P.	ARM, ETC.	JAKE!	en outow		20111	STATE
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ON B. LOWE, M.D. 77 WEST ST. ANNAPOLIS, MARYLAND				1			0.3737.0 70.0	T.O. 3405	SET AS	M.D.
			JON B. LOW	Z, M.D.		77 WEST ST	. ANNAPOL	IS, MAH	YLAI	עוּ

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

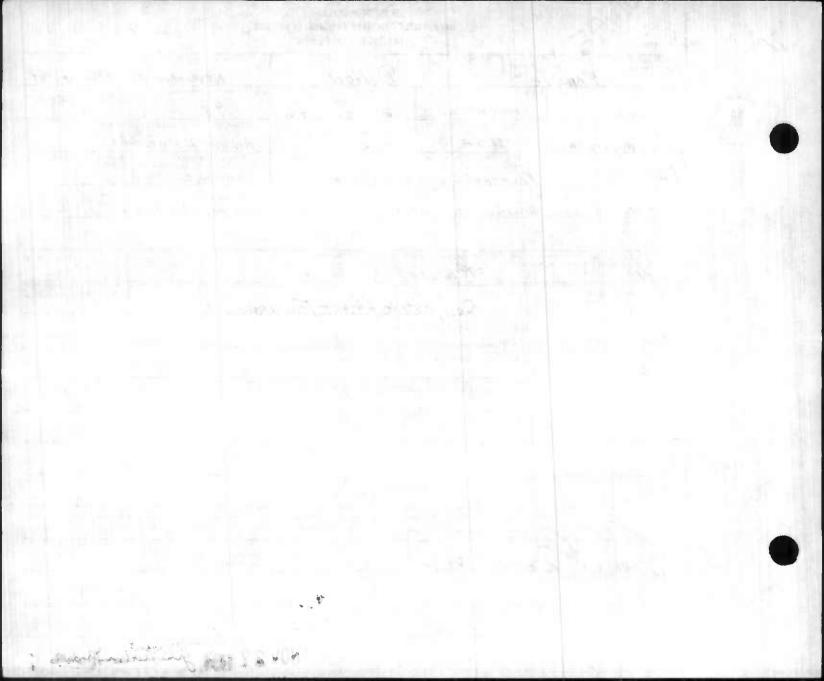
BURIAL 23b. DATE 11-23-84 23c NAME OF CEMETERY OR CREMATORY MEMORIAL SOUTHERN

DUNKIRK MARYLAND CALVERT

24 FUNERAL DIRECTOR

FOR

GARDEN 350 DATE REC'D. BY NAPOLISMOMIZ 7 REGISTRAR 256. REGISTRAR'S SIGNATURE NAME ADDRESS ANNAPOLI ROBERT WEST ST. EVANS



d 2 should be "led

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3
CERTIFICATE OF DEATH	

OR STATE REGISTRAR			DEPARTN		FICATE OF DEATH	REG.	NO.	9 0	0 0
ASED NAME	Anna		NMN	ě	Dillow	2a DATE OF DEATH		9 84	12: 52 P. M
Female		4. RACE White		S. DATE C		6 AGE IN YEARS LAST		FUNDER 1 YEAR	HOURS MIN.
JN TRY)			WHAT COUNTRY?	MARRIE WIDOWE	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY Anne	OR COUNTY Arund		MD.
			HOSPITAL, NURSIN HEACHITY, GIVE STREET, Liph Hoad		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR WOS Housewif	OF WORKING LIF	E) INDUSTRY	Business or Maker
RESIDENCE (IF NURS	1136 COUN		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	130 STREET ADDRESS	h Road	2106	1
HER'S NAME Johann		MIDDLE	Zill	ner	15. MOTHER'S MAIDEN NAME FIRST Maria	ME		Ste	mplinger
S DECEASED EVER		MED FORCES? VE WAR OR DATES)	214-54-8		Howard M. Di		Same	as 13e	
PART I. DEATH W	AS CAUSE		Acufe		dio poly or	1944 Arv	est	BETWEEN	MATE INTERVAL ONSET AND DEATH
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ART 2. OTHER SIGN	MIFICANT	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 10	

198 DATE OF OPERATION	% CONDITION FOR WHICH OPERATION WAS PERFORMED			206, IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY	IN ITEM IB PART (OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOW	N COUNTY ST.

obove, (in we idid) (did not) view the body ofter deoth. 22c. DATE SIGNED DEGREE

ATTENDING DIRECTOR STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8726 Liberty MAZAMall

230 BURIAL, CREMATION, REMOVAL Cremation

DECE TYPE O 3 SEX

a. BIR Ge 10 CITY Gle

USUAL 130. STA Mar 14 FATE

160 WA

11/30/84

230 NAME OF CEMETERY OR CREMATORY Westview Mem. Park

23d. LOCATION Catonsville

Balto

Md

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR, After should be detached for use as with the State Dept. of Health IMPORTANT: If Hem 21 is

George J. Gonce 4001 Ritchfe Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE PANDERS

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

L		REGISTRAR				REG. NO.		
T		EASED NAME FIRST	MIDDLE	LAST	- 0	20. DATE OF DEATH MON		26 HOUR
L		IRMA	#17/4	DOF	5GE	1	1-20-84	5:55 PM
	SEX	4	RACE	5. DATE OF BI	TH YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN
1	1	EmalE	white	10	18 1895	89	YRS.	
1	a BIR	THPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY	MARRIED -	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	0 = 1
4	5	LN BURNEME	NAME OF HOSPITAL NURSI	WIDOWED A	DIVORCED [ANNE	MKUM	DEL MD
1	E	TORIOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		I A D	(TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
4	T (L RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION CIVE DESIDENCE BESO	4 VC	· W.	Ihomen At	ER	
4	13a S	TATE 136 COUNTY	13c. CITY OR IQ	13d	INSIDE CITY LIMITS?	13e STREET ADDRESS	2 0/1	061
4	4 FA	THER'S NAME	E ARNWOLL Y	34RM IN	S NO L	1108 3 mg	Hire, J-	- 10.
	110	FIRST MID	DEE LAST D	=	FIRST	MIDDLE	CLC. IA	51
4	60 W	AS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SEC	URITY NO	NEORMANI	ADDRESS	TOWN	ari
	(YI	ES. NOOR UNKNOWN) YES, GIVE W		1.19	114-3	0-215121	TAWN W	MARIMER
F		IN CAUCE OF DEATH Sales and				0- 1V3 170	APPRO)	XIMATE INTERVAL
		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED E	BY:	na icili	to la	100	BETWEEN	ONSET AND DEATH
1		IMMEDIATE (Con Contract	1		
1		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	JENCE OF	0:00	Levetro		
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1		underlying couse lost	DUE TO, OR AS A CONSEQUE	sclen	to car	livasenh	discar	
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1	CERTIFICATION	allence	incirona	MIC	olon	No. 250		
7	CAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H THE TION W	AS PERFORMED	200 AUTOPSY? 201	b. IF YES, WERE FIND I CERTIFYING CAUSES	NGS USED S OF DEATH?
7	RTIF					YES NO	YES 📋	NO 🗌
4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)	
H	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			The Lates	
	MEDICAL	21d INJURY OCCURRED WHILE TO NOT WHILE TO	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		LOCATION	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK		nil	14 01	1 200-60	27 64	
		22a. I certify that (1) this hospital	ottended the deceased from,	V11		. 10 100 0000	70, 19	that () (we) last
1		sow the deceased alive on nobove (1) (we) dia (did not) v	new the body ofter death.	ond the		deoth occurred on the dote o		
1		22b. SIGNATURE	1 1.1	begi	ATTENDING	MEDICAL STAFF	22C DATE	SIGNED
4		11.1 LYSICIANS NAME (TYPE OF PR	berber	14 -0	ADDRESS PHYSICIAN		<u> </u>	20-07
		TISICIANS NAME (TYPE OR PR	ch Loh	220 ef	3708 M	aunitar 0	RI Pas	ra dena
+	2 0	Jerry V.	SAGRUCK	NAME OF COME	7 70 8 1	In togetion		2
	(S	PECIFY)			TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
1	74 FU	Burial	Nov. 23,84 C	edar Hil	1 Cemetery	Baltimore TE REC'D. BY REGISTRAR 246.	AA BEGISTRAR'S SIGNA	TURE
		James S. Kirkle	v Glen Rurnie	MD	NO	6	. /	andelle
L	_	Julies J. KITKIE	y, aren barrie	, I'IU				

DHMH - 16 60M 1/75

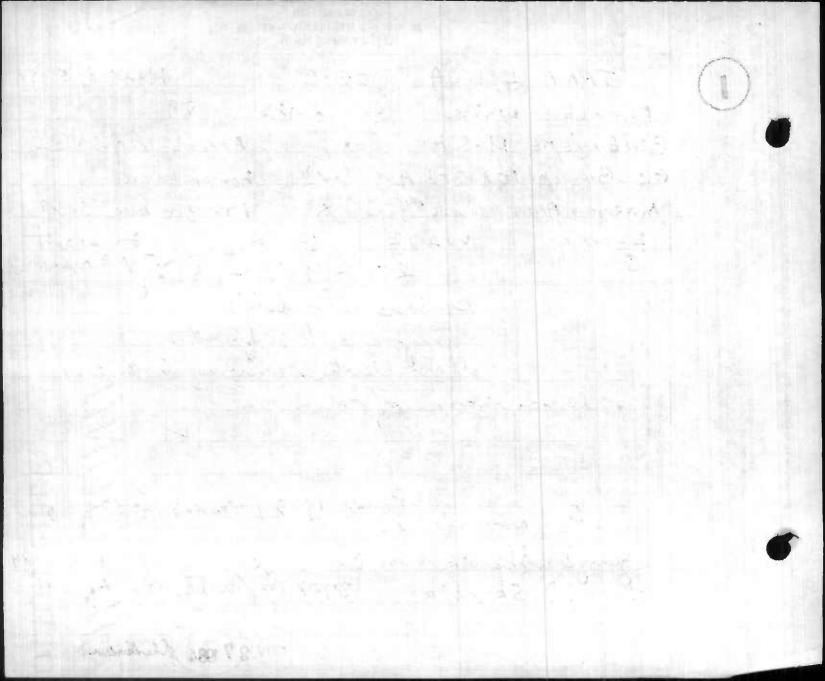
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremotion, ar remaval.

IMPORTANT: If Hem 21 is morked or Item 18 shows any

(VR A 15 (4))

etoined by the hospital

BP.



J.			STATE OF MA	TLARD	3.3	63 (3)	3 /3	(3)	
۱	FOR	DEPARTM	ENT OF HEALTH A	ND MENTAL HYGIE	NO 5	La y	U U	0	
ı	- STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. NO			EST	
ŀ	1. DECEASED NAME FIRST	MIDDLE	LAST	1 2		MONTH DAY	YEAR 76	HOUR	_
ł	(TYPE OR PRINT)	CD ACT TO	ATT A	7.00		0.1 104		O T*	
ı	MARGARET	GRACE DO	NIA		NOVEMBER	04, 198		UP	M
1	3. SEX 4. RA	ACE	5. DATE OF BIRTH	AY YEAR	AGE (IN YEARS LAST BIRT			OURS MI	_
1	Female	White	May 21.	1905	70	YRS.	יייייייייייייייייייייייייייייייייייייי	OURS MI	
ł		CITIZEN OF WHAT COUNTRY?	8 0	_ 9	BALTIMORE CITY OF		EATH	_	_
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4	Peensylvania	USA	WIDOWED	DIVORCED	2 11 11 11 2 0 00	72 (20 2)20	UNIT		MD
d		NAME OF HOSPITAL, NURSING OF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)		Type OF WORK FOR MOST OF		b KIND OF B IDUSTRY	INSINESS (ЭК
	GLEN BURNIE	FORTH ARUNDEL F	OSPITAL		Housewif	e			
7	USUAL RESIDENCE (IF NURSING AND DITHE			DE CITY LIMITED III	e STREET ADDRESS /	1000	21	220	
	Paruland In County	Baltimon		DE CITY LIMITS?	1642 S.Ha		Balt	Syll.	
+	14 FATHER'S NAME		7.50	HER'S MAIDEN NAME					_
A	7 FIRST MIDDI	LAST		FIRST	MIDDLE		LAST		
4	trederick -	Evans			Unknown			77.77	_
	160 WAS DECEASED EVER IN U.S. ARMED		RITY NO. 17 INFO	RMANT	ADDRE	55		21230	'
1	No	209-20-	7233 Jun	e McKnight	,1377 (lar	room St.	Balto	.M.	
ı	IB CAUSE OF DEATH (Enter only or	ne cause per line ter (a), (b), and	licil Sales		All a PS	FOI	APPROXIMA BETWEEN ONS	TE INTERVAL	(H
1	PART I. DEATH WAS CAUSED BY	1 Dever	e en	Lece ,	xue T	autur			
1	IMMEDIATE CA	AUSE (0)	1	1_				TE T	
1		DUE TO OR AS A CONSEQUE	NCE OF	15 Cu	0 1				
1	Conditions, if any, which gove rise to immediate	(b)	/~	-					
ł	couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF						
1	underlying couse lost.	(c)							
1	PART 2 OTHER SIGNIFICANT	LITIONS CONTRIBUTING TO	EATH BUT NOT REL	ATED TO THE TERMIN	AL DISEASE OR CONE	DITION GIVEN IN	PART 110		_
	NO A	teg. U	Xucela						
7	TIN DATE OF OPERATION	196 CONFITION FOR WHICH	OPERATION WAS P	REFORMED	20a AUTOPSY?	206. IF YES, WE			_
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES TO NOT	IN CERTIFYING		NO	
Н	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HO	W INJURY OCCURRE	CENTER NATURE OF INJUR				-
	OR CONTRIBUTING TO CALLES OF DEATH	HOUR A.M. MONTH DA		John Occome	S (E) WER MANOR OF MAJOR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					1150	
	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		TATION	CITY OR TO	wy	YINUO	STATE	
	≥ WHILE NOT WHILE AT WORK)	w 01/)	1.1	010		

and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

22c DATE MONEO

274. PHYSICIAN'S NAME THE DEPENT

sow the deceased alive un above, (1) (we) (did) (did not

220.1 certify that (1) (this haspital) attended the deceased from

22e ADDRESS

MARYT AND

130 BURIAL, CREMATION, REMOVAL BURIEL

Nov. 8, 1984

23c NAME OF CEMETERY OR CREMATORY Glen Haven Memorial 23d LOCATION Glen Caty or tow

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
NOV 14 084

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: retained by the haspital

should be detached for use as the burial-transit permit. Then please remove caban papers, pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MADELANT: If hem 21 is marked as

After this certificate has been signed by the attending

attending physician

HOSPITAL OR ATTENDING

njury, ar ather traumatic event,

physician

Tully Funeral Home, 130 E. Fort Ave. Batto. Ad.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NOV 2 3 1984

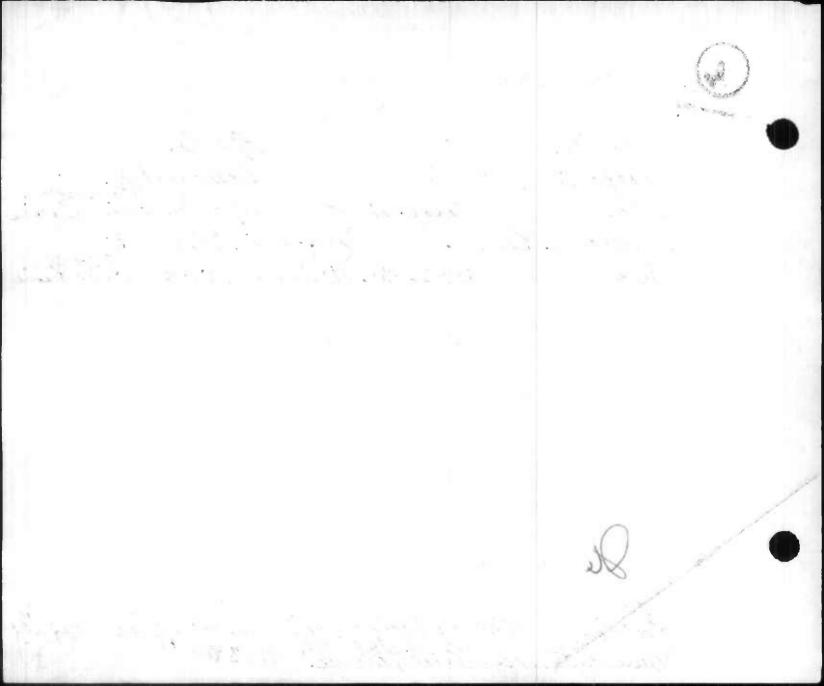
	REGISTRAR		CERTIFICATE OF DEA		REG. NO.		
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE C		DAY YEAR	26 HOUR
111111	HENRIE	IIA	DUVALL	-	11	2184	11:05
1. 5E	_	4 RACE	5. DATE OF BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
_	FE	W	3 31	05	-	RS.	
4	BINESO WINE TO THE STATE OF THE	76. CITIZEN OF WHAT CO	MARRIED NEVER MAR	RIED -	ORE CITY OR COU	INITOFUEATH	2
Œ,	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	WIDOWED DIVOR		OCCUPATION	126 KIND	OF BUSINESS O
1	mapal:	(IF NO IN SUCH FACILITY, G	IVE STREET ADDRESS)	(TYPE OF FOO	RK FOR MOST OF WORKI		
USU	AL RESIDENCE (IF MURISHING HOME OR	OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION) OR TOWN 13d, INSIDE CL	LILLY DE CYPETY	ADDDECC 7in	apt. 11	72146
	med 1911	4 Ca	sabele YES D NO		o Bell	erie	Desc
IL FA	ATHER'S NAME	MIDDI!	LAST 15. MOTHER'S MA	AIDEN NAME	MIDDIA	ı A	ST.
6	deword	Leene	Clua	esta	din	est	
	WAS DECEASED EVER IN U.S. ARAYES OF UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCI	AL SECURITY NO. 17 IN ORMAN	0	ADDRESS	131	400
	100 -	3/9	-66-1186 /X	Durall	Troop	eleren	Rea
	18. CAUSE OF DEATH (Enter only PART), DEATH WAS CAUSE	ly ane couse per line far 10), (b), and (c).)	· m/·		APPRO) BETWEEN	CMATE INTERVAL ONSET AND DEATH
		E CAUSE (o)	aphyloeocial s	greene			
		DUE TO, OR AS A CO	INSTQUENCE OF	de 10 ft	CIN		
	Conditions, if any, which	1 11	MILLER DEX (L) UN		AAI/		
		(b)	1001001 (10)	101	7/		
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO	INSEQUENCE OF	# (200		
	gave rise to immediate couse (a), stating the underlying cause last.	(10)	wester hea	et face	hio		
z	gave rise to immediate couse (a), stating the underlying cause last.	(10)	INSEQUENCE OF LEGISLATED TO	01.01	/	I GIVEN IN PART 1	(a
ATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS	Note the but not related to	al hyph	eplacer	ut	
IFICATION.	gave rise to immediate couse (a), stating the underlying cause last.	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS	wester hea	ED 200 AUT	eplacer 20b. 1	FYES, WERE FINDS	INGS USED S OF DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DRECTOR, After this certificate has been signed by the attending physic should be detached for use as the build-frams? permit. Then please remore carbon pape with the State Dept. of Health and Mental Hygiens prior to build, cremation, or remayed.

ATTENDING PHYSICIAN, The

TO HOSPITAL



page 3 er death

and compared, tilled larges transformed to

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and constructed for use as the burnal-tronsit permit. Then please remove carbon papers. Pages towish the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

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DEPARTMENT OF HEALTH AND
CERTIFICATE OF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENDE

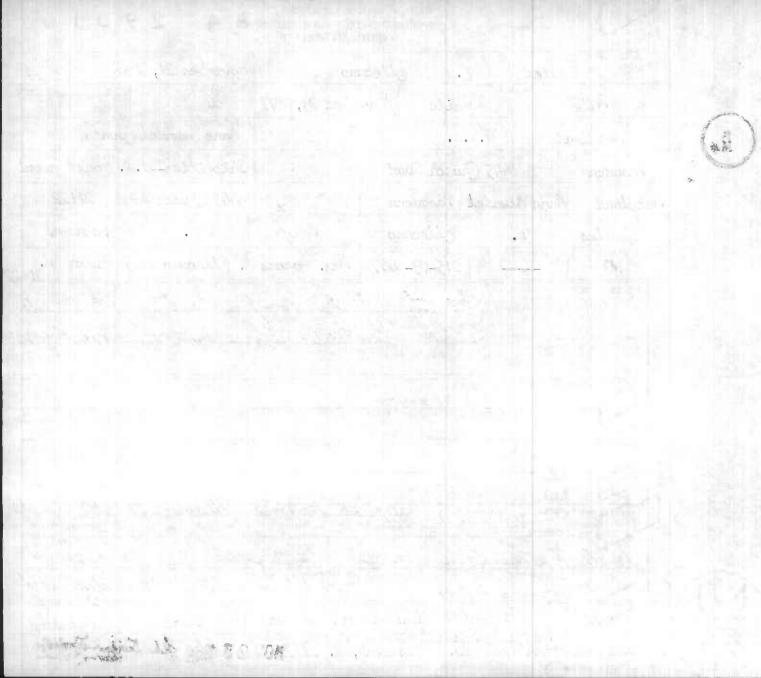
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				ICATE OF DEATH	REG N	10.			
	ECEASED NAME FIRST Walte	en E.	Elleco	ast p	November		YEAR	26 HOUR	
3 SE	Male	4. RACE White	5. DATE O	of BIRTH 23, 1897	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24	
C	SIRTHPLACE (STATE OR FOREIGN EQUINTRY) Manyland	76 CITIZEN OF WHAT COUNTRY U.S.A.	Y? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Anne Anu	OR COUNTY OF	enty		
	Pasadena	11. NAME OF HOSPITAL, NURS	O ad.	DR OTHER INSTITUTION	120 USUAL OCCUPAT	ON DE WORVING (SE)	126 KIND OF	guan	
1300	anyland Anne	or other institution, give residence before Arunded 130. Pasado		13d. INSIDE CITY LIMITS? YES NO 🛣		ch Road	211	22	
14 FA	Charles	MPDLE Ellec	amp	15. MOTHER'S MAIDEN NAM	WE WEDLE		(ukno	un)	
16a V	WAS DECEASED EVER IN U.S. A (YES, NO ORUMNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 215-03		Mrs. Dorcas	A. Ellecam	p 8445 (Chunch	Rd.	
	PART I. DEATH WAS CAUS IMMEDIA Canditions, if any, which gave rise to immediate	DUE TO STAS A STASEO	OUENCESS Delen	tie Cardio	vascula	dese	30/1	Sylvent State of the state of t	
13	cause (a), stating the								
		(c)		NOT RELATED TO THE TERM!	nal disease or con	IDITION GIVEN	IN PART 11a		
NOI		(c)	O DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN	IN PART 11a		
RTIFICATION		(c)CONDITIONS CONTRIBUTING TO	O DEATH BUT		NAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	GS USED	
CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT		200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	/ERE FINDIN IG CAUSES (GS USED OF DEATH?	
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	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220. I certify that (I) (14% hosp saw the deceased alive a above. (I) (we) (did) (4dd 11 22b. SIGNATURE	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH R) 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) Ditable attended the deceased from The Control of the	DAY YEAR 19 E, FARM, ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET d that in (my) (aur) apinian d DEGREE ATTENDING	200 AUTOPSY? YES NO CENTER NATURE OF INJU	20b. IF YES, WIN CERTIFYIN YES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	VERE FIND IN IG CAUSES () 1 OR PART 2)	GS USED OF DEATH! NO STATI	
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hosp saw the deceased alive a obove. (I) (weel (did) (about 1) and the cooperation of the co	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) Ditall attended the deceased from The Control of th	DAY YEAR 19 E, FARM, ETC.) One of the control of	216 HOW INJURY OCCURR 216 LOCATION STREET d that in (my) (aur) apinian d DEGREE ATTENDING	20a AUTOPSY? YES NO ED (ENTER NATURE OF INJU CITY OR TOV eath accurred on the d	20b. IF YES, WIN CERTIFYIN YES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	COUNTY . 11	GS USED OF DEATH! NO STATI	

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.



en signed by the attending physicion and completely filled in by the Then please remove corbon papers. Pages 1 and 2 should be filled with the buriol, cremotion, or removal.

1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENĎ 4 & REG. NO	EST
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	PAY YEAR 26 HOUR
1,	MARY	LAURA	ELLIOTT	NOVEMBER 15, 19	84 12:15A
3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR F UNDER 24 HR
	Female	White	August 23 191	The state of the s	AONTHS DAYS HOURS MIN
7a. B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		- 9 BALTIMORE CITY OR COUNTY	OF DEATH
21 a	country)	USA	WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS C
050	GLEN BURNIE JAL RESIDENCE (# NURSING HOME OF		DEL HOSPITAL	House wife	
13a.	STATE 136 COUNTY		OWN 134 INSIDE CITY LIMITS	130.STREET ADDRESS / ZIP CODE 904 Dorking Rd.	21061
1		Middle Cornel	15. MOTHER'S MAIDEN	NAME	LAST
-	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		ADDRESS	
		214-20-	7718 Dorathy M H4	Plan Box 92 Solom	
	PART I. DEATH WAS CAUSE	rly one couse per line for (0), (b), (b) BY: TE CAUSE (0) CRUSE	ondicional of the test		APPROXIMATE INTERVAL BET WEEN ONSET AND DE AT
			Warry	RMINAL DISSEASE OR CONDITION GIVE	EN IN PART 1(o
0 Z	advace	red pulle.	oughrahus	alpression	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED VING CAUSES OF DEATH?
MEDICAL CERT	7]0, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		tal) attended the deceased from	A . /	on death occurred on the date and hour	ond from the couses stated
	Junes /	Buzar	- MAR ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	IN DATE SIGNED
	JAMES J. BEN			17 EMPIRE TOWERS	ND 21061
	BURIAL, CREMATION, REMOVAL	123b. DATE 123	NAME OF CEMETERY OR CREMATOR	Y 123d LOCATION	
	Burial	11-19-1984	our Lady Star of Th	ne Sea : "Solomons (Calvert Maryl

REPUBLIC MARYLAND. 20676

HOME PORT

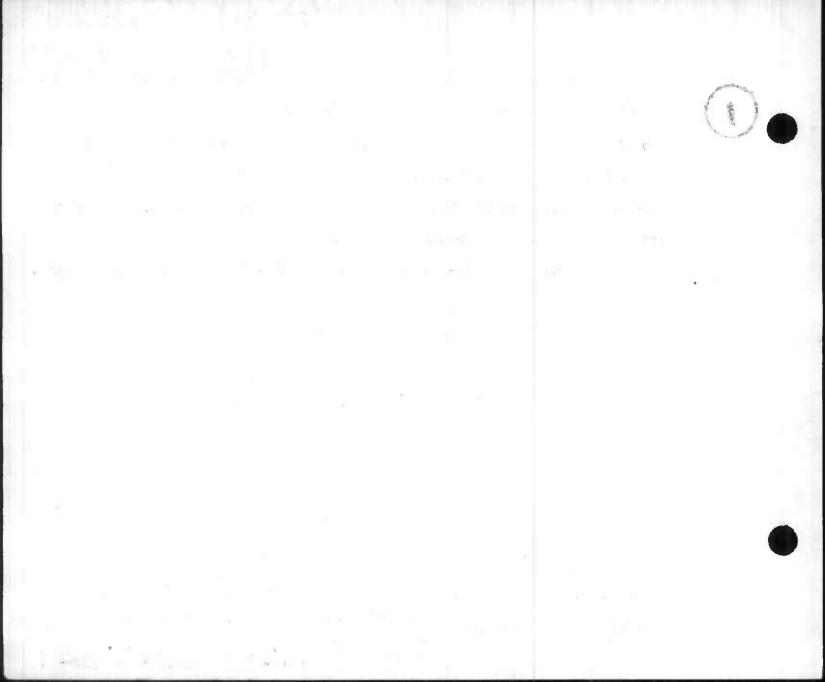
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

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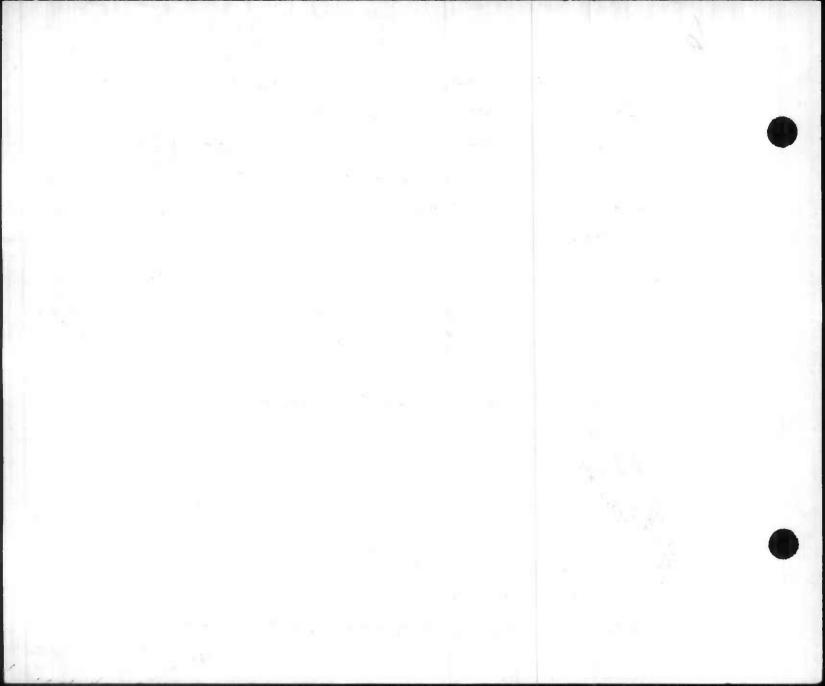


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1	- STATE REGISTRAR			DEFAR	CERTII	ICATE OF D	EATH	REG. NO.		EST
	ECEASED NAME	1957		WEDLE		LAST:		26 DATE OF DEATH MONTH	DAY YEAR	TE HOUR A
		JOSEP	H	JOHN	ES	CAVAGE	SR.	NOVEMBER 16,	1984	12:45 M
2. SE	EX		4 RACE		S. DATE O	DF BIRTH	SATE	& AGE (IN TEASSEST BRITISH)	WONTH DAYS	
L	Male		Whi	te	Dec		906	77 YR5.	0.000	man.
74. 1	COUNTRY	OF FOREIGN		WHAT COUNTRY	7 8. MARRIE	D KI NEVERA	MARRIED [9 BALTIMORE CITY OR COUNT	Y OF DEATH	
	Pennsylva			SA	WIDOW	ED DI	VORCED []	ANNE ARUNDE		
10.0	CITY OR TOWN OF	DEATH		HOSPITAL, NURS		OR OTHER INST	MOITUTION	17s USUAL OCCUPATION 11199 OF WORK FOR WOLL OF WORKING	1% KIND (OF BUSINESS OR
	GLEN BU		NOR	TH ARUNI	EL HOS	SPITAL		Road Maintena		A County
Hite.	STATE lary land	THE COUN		Sever	WN	134 INSIDE C	NO X7	134 STREET ADDRESS / ZIP COD		21144
-	ATHER'S NAME		10	Jever	"		MAIDEN NA	7804 Telegraph	Road	21144
	HAST	known	- delice	(407			FRST	Unknown	La	eld
	WAS DECEASED EV		MED FORCES?	18h SOCIAL SEC	DA ALIBRIT	17 INFORMA	NT	ADDRESS.		
	Yes		4-27	219-16-	0225	Addie	R. Es	cavage. Same as	13	
	III. CAUSE OF DE	ATH (Enter on	ly one coule per	line for to this	ind ici	4 -		Manage Ma		A CHORT AND DEATH
	PART L DEATH	WAS CAUSED IMMEDIAT	E CAUSE III)	Acia	to	P.E.			20	Laur
1			DUE TO: O	II AS A COMSEO	UENCE ØT				10	, 1
1	Conditions, if o		(b)_	(6)	(411)	FX			10	ays
	gove rise to	immediate ating the	DUETO O	R AS A CONSEQ	HENCEDE					
1	underlying co	use lost.	163							
1.	PART 2 STHERS	IGNIFICANT	ONDITIONS CO	ONTRIBUTING 10	DEATH BUT	NOT RELATED	48	UNAL DISEASE OR CONDITION G	VEN IN PART I	(a)
1 8	/ne	ein	ma	1 /20	ive	f ca	eleer			
CERTIFICATION	IN DATE OF CIPE	RATION	19k COND	TION FOR WAY	HOPERATIO	WAS PERFO	RMED		ES, WERE FIND IFYING CAUSE	
E	119/0	-4		60	HIP!	\sim		Land Specific Specifi	res []	NO []
		CAUSE OF DEA	THE RESERVE AND THE RESERVE AN		DAY YEAR	TIL HOW IN	JURY OCCUR	RED. FENDRE WATURE OF PHURE IN THE AT	PARTICIPARTS	
MEDICAL	IN THE WORLD	ACKEL ERAMINER	P		19					
1 2	SIN INTONA OF	RRED	21e PLACE (AT HOME 12)	OF INJURY	CFARM(IJC)	THE LOCATIO		CITTON TOWN	courte	state
1.	Willey	In Clear Should		ON THE OWNER OF THE					-	
	DEAD DEFA.		attended th	e deceased from		7/44	19	to_((//b	MY	that (tywe) out
IN	Valore (1)	eased glace on	Dview the body	obeydeath.	9 / 0	od that in (my)	ing-in-on	death occurred on the date and he	ur and from the	e couses stated
11/4	SIGNATURE	1	0 /	0 1		ES .	****	MEDICAL STAFF	Th. DATE	E SIGNED
1	Mr. (C)) (04	aver	40		PHYSICIAN [MEDICAL STAFF	10/	14450
11	V	NAME ITHEO		-		The ADDRES	5 7845	OAKWOOD ROAD, #	200	
	DAVID	A. SCH	WARTZ,	D.O.			GLEN	BURNIE, MARYLAN	D 21061	8
22a.	BURIAL CREMATIC	N, REMOVAL	23b. DATE	234	NAME OF C	EMETERY OR O		234 LOCATION		
	Burial		Nov. 1	9,84 G	len Ha	ven Men	n. Park	Glen Burnie	AA	MD"
74.7	FUNERAL DIRECTOR			almes.			25e DAT	OV 4 O 400A Sulla	TRAFSSIGNA	-Aandell.
	James S.	Kirkle	ey, Gle	n Burnie	, MD		N N	OV 1 9 1984 July	DIMINITATION	Marine
										3

DHMH - 16 50M 4/83 (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD



	NAC SPRYSCIAN, The law requires that the death certificate be executed within 24 hour other earth. Page 4 may in ordereding physician.	After this certificate has been sighed by the otherding physician and completely filled in by District and director, and a buriety certified in the plants remove collectionships. Fages I and 2 thought be fade with 72 hours other de-
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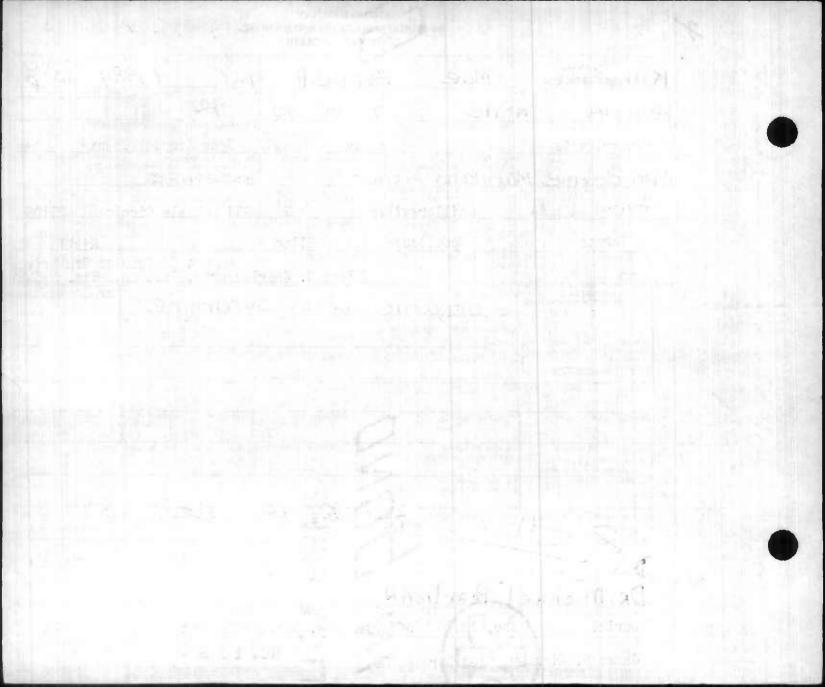
DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	2	9 0 1	ú
ı	I. DEC	CEASED NAME CAPPING (REST		lae	Fe	ennell	NOV DATE OF DEATH	9	1984	10 30 M
I	J. SEX	male	RACE	ر	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY) YRS.	MONTHS DAYS	HOURS MIN
	C	OUNTRY)	b. CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED		OR COUNT		× 1/12
		Pennsylvania TY OR TOWN OF DEATH		HOSPITAL, NURS		DR OTHER INSTITUTION	12a USUAL OCCUPA TYPE OF WORK FOR MOST	OF WORKING		BUSINESS OR
7	13a S	AL RESIDENCE IN NURSING HOME OR C TATE 136 COUNT aryland AA	THER INSTITUTION	GIVE RESIDENCE BEFOR	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		_	21108
	14 FA	THER'S NAME	IDDLE	McCullo		15 MOTHER'S MAIDEN N Ellen	O I I VIAINA		LAST	
		VAS DECEASED EVER IN U.S. ARM TES, NO OR UNKNOWN)	(ED FORCES? WAR OR DATES)	16b, SOCIAL SEC	CURITY NO.	17 INFORMANT	^84 irlesworth.	04 Sc Gauti	arlet Oa	k Drive
	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	(b) DUE TQ, O	R AS A CONSECU	UENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CO		IVEN IN PART 1 (a	
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHIC	ON FOR WHICH OPERATION WAS PERFORMED			IN CERT	ES, WERE FINDIN IFYING CAUSES IES	GS USED OF DEATH? NO
	2.77	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	"	OF INJURY .M. MONTH I .M.	DAY YEAR	21c. HOW INJURY OCCU	PRED (ENTER NATURE OF IN	IURY IN ITEM TE	PART 1 OR PART 2)	
	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	, FARM, ETC)	211. LOCATION STREET	CITY OR I	own	COUNTY	STATE
		sow he assessed alive and abase, (I) we) (did (did not	+ 6	19	84.0	nd that in (my) (our) apinia	n death accurred an the	date and ho	out and from the o	
		PHYSICIAN'S NAME (TYPE OR	DD(h/1)			DEGREE ATTENDING PHYSICIAN 171° ADDRESS	MEDICAL ST.	AFF ICIAN 🗌	22c DATE	1004
		DR. Micha	elf	earlm	AN					
		Burial Burial	NOV.	THE RESIDENCE OF THE PARTY OF T		on Mem. Cem.	Oakmont		COUNTY	PA
	24 FU	James S. Kirk	ley, G1	en Burni	e, MD	25a D	ov 1 3 984	PIZSE REGI	MARSISIS NAM	onder



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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day	2	9	O	1	6

1	REGISTRAR		CEKTIFIC	AIE OF DEATH	REG. NO.		
1	1. DECEASED NAME FIRST	MIDDLE	IAS	T	20. DATE OF DEATH MON		2h. HOUR
ı	(TYPE OR PRIN'' MARI	E	FERG	USON	NOV.	7 1984	1 9:12 pm
1	3 SEX	4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY		
	FEMALE	WHITE	3 3	26 04	80	YRS DAY	S HOURS MIN.
-	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
4	Maryland	U.S.A.	WIDOWED			grunde	MD.
	18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
7	Crownsville	Crownsville H	lospital	Center	Housewife	KING (IFE) I INDUSTR	
	USUAL RESIDENCE (IF NURSING HOME OR 136 STATE 136 COLIN Maryland A.A	13c. CITY OR	icum	36 INSIDE CITY LIMITS?	217 Hammonds		. 21090
P	14. FATHER'S NAME	MIDOLE LASI	1	S. MOTHER'S MAIDEN N	NAME		AST
1	Charles		aisloff	Ella	MIDULE	P1et	zer
7	160 WAS DECEASED EVER IN U.S. AR		SECURITY NO. 1	17 INFORMANT	ADDRESS		
	(YES, NO OR UNKNOWN) (IF YES, GIV	213-20	0-2223	Mary Dash	217 Hammonds F	erry Rd.	21090
	18 CAUSE OF DEATH (Enter on	ly one couse per line for to), (I	or, and icity		1 200	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAUSE	E CAUSE (o) CARD	10-PUL	MONAR	Y HKKEST	10	minote
		DUE TO, OR AS A CONS	FOLIENCE OF	0 .	_ /		
	Conditions, if any, which		anic	Snoun	Syndrome		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS, A CONS	FOLIENCE OF		1. 0		
	underlying couse lost.	Theros		· Vascular	(ardiac 1/1.	Dase	
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TE	RMIN AL DISEASE OR CONDITION	ON GIVEN IN PART	lia
	NO						
1	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED		IF YES, WERE FINE	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES NO	YES [NO [
ì	210. ACCIDENT WAS UNDERLYING	LIGHT A AL ALCANTAL	DAY YEAR	216 HOW INJURY OCCI	URRED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA	ALTH.	19				
1	OR CONTRIBUTING CASE OF DEA	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)	STREET			31810
1	22a.l certify that (I) (this hospi	tal) attended the deceased fi	rom		to		. that (I) (we) lost
	sow the deceased alive an above, (1) (we) (did) (did no	t) view the body after death.	,19, ond	that in (my) (our) opinio	on death accurred on the date o	nd hour and from th	ne causes stated
4	226. SIGNATURE	-101-110) DE	EGREE		224 DA	TE SIGNED
	M. Sham	manma		ATTENDING PHYSICIAN		M 11-	1-84
100	22d. PHYSICIAMSTNAME ITYPE O	Eman M	0	POUNS	ville Hosp	ital, M	10,
1	23a BURIAL, CREMATION, REMOVAL	23b DATE		METERY OR CREMATOR	CITY OF LOWN	COUNTY	STATE
	Buria1	11/12/84	Lake Vie	w Mem. Park	Sykesville_	Carrol1	Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR.

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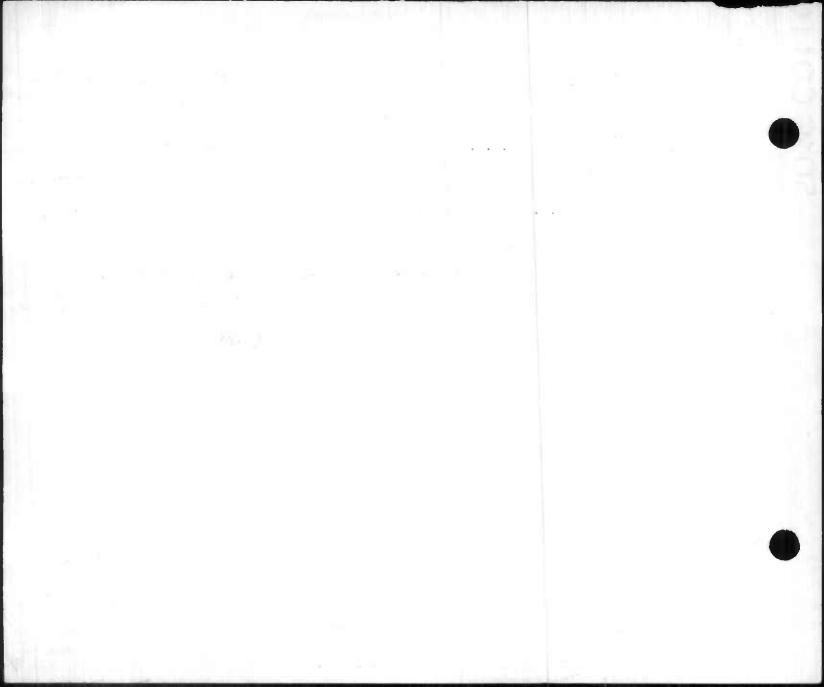
24 FUNERAL DIRECTOR

21229

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 9 1984 a Jandson-Randere

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

NOV 9 1984



the funeral director, page 3 d within 72 haurs ofter death

may be

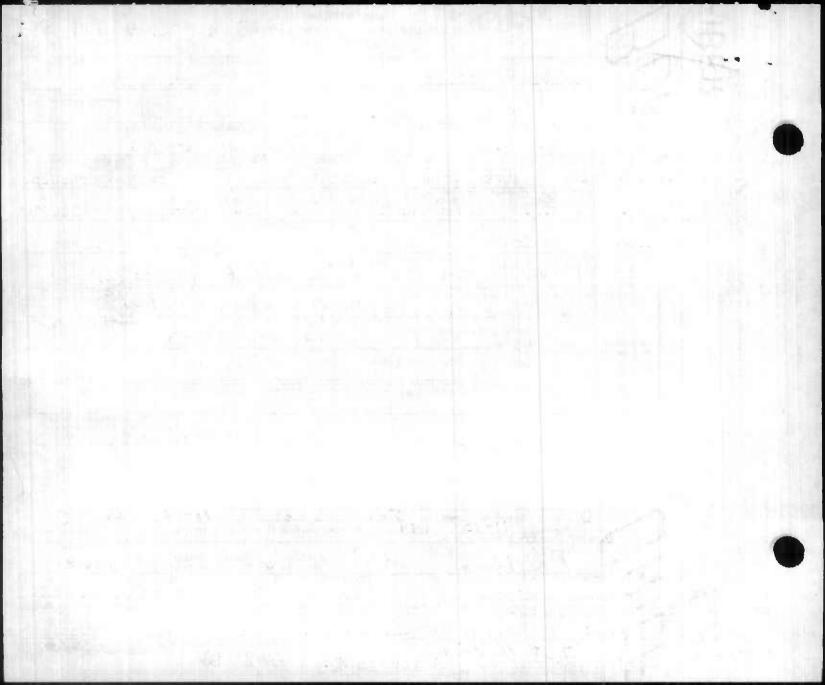
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The continue The country		-	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.			
MELVIN MERIT GIBSON Nov.15,1984 **RACE **NABLE GRACE SUBSTITUTE OF THE PROPERTY OF THE PROPE	-			FIRST		MIDDLE	ı	AST	70			DAY YEAR	2h HOUR	-
Male Male White Aug. 18, 1906 78 78 78 78 78 78 78 7		(TYPE		MELV	IN	MERIT		GIBSON		No	v.15	1984		M
Male Male Mitte Aug. 18, 1906 BRITHAGE (SLATOGROGICA) LOS.A. WOONEDEX DIVORABRED U.S.A. WOONEDEX DIVORABRED Anne Arundel Anne Arundel Anne Arundel BLITTOR TOWN DO BEATH Glen Burnie MOUNTH Arundel Hospital Security Cret BLITTOR TOWN DO BEATH Glen Burnie Woonedex Woonedex Woonedex BLITTOR TOWN DO BEATH Glen Burnie Woonedex Woonedex BLITTOR TOWN DO BEATH Glen Burnie Woonedex Woonedex BLITTOR TOWN DO BEATH BLITTOR TOWN DO BEATH Glen Burnie Woonedex Woonedex BLITTOR TOWN DO BEATH BLITTOR TOWN		3. SEX	(4. RACE					AGE (IN YEARS LAST BH	(THDAY)		IF UNDER 24 HRS	-
KANSAS U.S.A. WOOMED NOTED NO	-	/	Male		Whit	e		18, 190	6	7	8 YRS	MONTHS DAYS	HOURS MIN.	
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Glen Burnie Glen Burnie Glen Burnie (SAN SECURITY) (Pet) (Pe	7		Kansas		U.S	.A.				Anne A	runde	el	M	D.
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18. STATE 18. COUNTY 18. CITY OR TOWN 18. MINSIDE CITY LIMITS? 18. STREET ADDRESS / ZIP CODE 18. MINSIDE CITY LIMITS? 18. MINSIDE CITY LIMITS? MINSIDE CITY LIMITS? 18.	\mathcal{L}	Gl	en Burni	е	Nort	h Arund	el Ho	ospital	S	ecurity	(ret	Depai	ct.Sto	re
MD. A.A. Glen Burnie ves No X 8001 Crownsway 21 ILE FATHER'S NAME NO X 100 10	6							1134 INSIDECTY LIMI	ITS2 113	STREET ADDRESS	/ 7IP COD	r.		_
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Anda Fremont Gibson Mary Abigala Tartal Not was decased ever in u.s. Armed forces? Not Security to 17 Messmann (Daughter)	1/1	14. FA			ALEDDIE.	LACT			ENNAME	ALIDDUS.		146		_
Tell State of Death			Anda			Gibs	on	2.4			a			
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF COnditions, if any, which gove rise to immediate cause in the line in the couse	1							17 MESRMANT (I	Daugh	ter) ADDR	ESS			
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DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITION SONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY2 208. IF YES, WERE FINDINGS US IN CERTIFIFING CAUSES OF DE YES NO YES NO	10				DUE TO O	R AS A CONSEQUE	NCROF	/	-	- (.	,			
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OR CONTRIBUTING CAUSE OF DEATH (FE ETHER, MOTEY MEDICAL FXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 27e Location STREET 27e Location STREET 27e Location STREET 27e Address Dr. Glenn F. Robbins 27e Address Dr. Glenn F. Robbins 27e Address 27e	X	TIF								YES NO	A		NO [
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270. I certify that (1) (this hospital) attended the deceased from 5 1 19 8 1 to 19 8 1 that (11 sow the deceased alive and the deceased from 19 9 9 19 19 19 19 19 19 19 19 19 19 19	Z	AL			AIII									
270. I certify that (1) (this hospital) attended the deceased from 5 1 19 8 1 to 19 8 1 that (11 sow the deceased alive and the deceased from 19 9 9 19 19 19 19 19 19 19 19 19 19 19		EDIC			21e PLACE					CITY OR 10	OWN	COUNTY	STATE	
Sow the deceased alive among the body offer death. 19 9 9 , and that in (my) (our) opinion death occurred on the date and hour and Irom the couses obove. (I) (we) (did (old not)) view the body offer death. 226. DATE SIGNATURE 227. DATE SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI		×	WHILE NOT WE	HILE	(AI HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	SIREE						
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DI			220.1 certify that	(this hosp		e deceased from_	5-	11 19_	84	, to	15	19.84	that (I) (we) for	st
27th SIGNATURE 27th CHAPTER 27		115	saw the decease	ed olive or	at bien the body	otter death	24 . 0	nd that in (my) (our) op	pinion deo	th occurred on the d	ote and har	ur and Irom the	couses stated	
272d PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Glenn F. Robbins 1270. ADDRESS 1404 Crain Highway Glen Burnie, Md. 2. 230. BURIAL, CREMATION, REMOVAL (SPECIETY) Burial NOV. 19,1984 Gypsum Hill Cem. 231. DATE REGISTRAT 358 REG			226. SIGNATURE	Ca .	In ()		DEGREE				22c. DATE	SIGNED	_
270 PHYSICIAN'S NAME (ITYE OR PRINT) Dr. Glenn F. Robbins 270 BURIAL, CREMATION, REMOVAL (SPECIETY) Burial NOV. 19, 1984 Gypsum Hill Cem. 270 DATE REGISTRAR 258 REGI	1	-		//	DIR	-72	M					11-16	-84	
236 BURIAL, CREMATION, REMOVAL 236. DATE 237 NAME OF CEMETERY OR CREMATORY 2331 LOCATION CITY OF TOWN Salina Saline Kansa. 24 FUNERAL DIRECTOR SALINA SEGISTRAP SISTEMAN SIST			224 PHYSICIANS NO	AME (TYPE	OR PRINT)									_
Burial Nov 19,1984 Gypsum Hill Cem. Salina Saline Kansa			Dr. Gler	nn F.	Robbins	5		1404 Cra	in Hi	ghway Gle	n Bur	nie, Md	. 21061	
Burial Nov 19,1984 Gypsum Hill Cem. Salina Saline Kansa. 74 FUNERAL DIRECTOR FOR THE SALINA SALINE TO SALINA SAL		23a B	URIAL, CREMATION,	REMOVAL	23h. DATE	23c. h	NAME OF C	EMETERY OR CREMAT	TORY		1 1 1			=
24 FUNERAL DIRECTOR TO DRESS 250 DATE REC'D. BY REGISTRAP 355 IGNATURE OF THE DIVISION OF THE		(Burial		Nov.19	1984 GV	psum	Hill Cem.			alim		nsas	
Singleton Funeral Home Glen Burnie MD. NOV 20 984		24. FU	INERAL DIRECTOR	98	# 94	-			Se DATE RE				Alfredalle	_
			Singleton	Fune	ral Home	Glen	Burn	ie, MD.	NOV	201984	Fund	1000 (0000) - 0		

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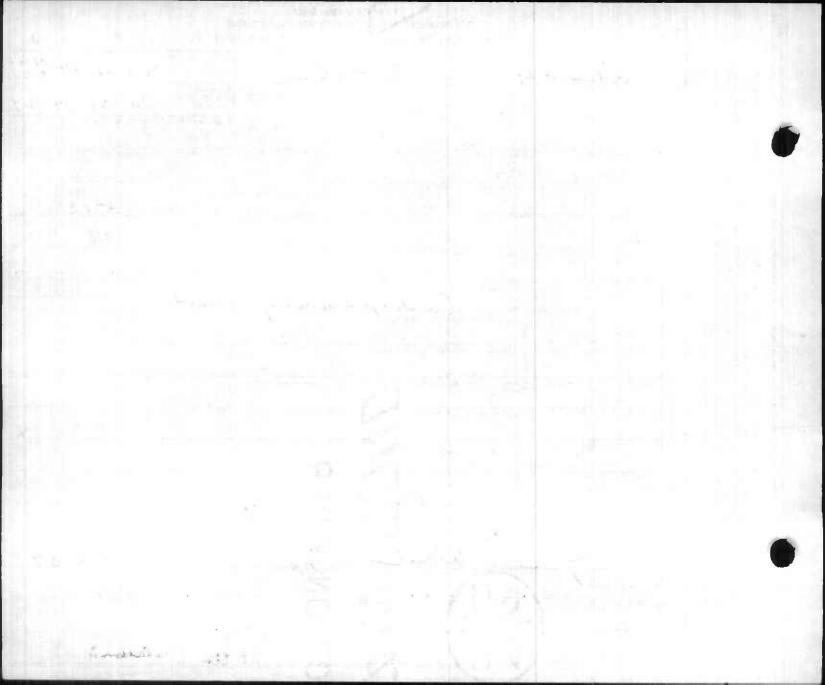
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked at them 18 strows any injury, at ather traumatic event, the



	18 6
	EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY CENTERS SERVICED WITHIN 24 HOURS AFTER DEATH. IF ANY CONTRIBUTION OF THE WRITING THE WORD "FROMING" IN PROCIL IN ITEM 18. GIVE PAGES 1, 2, AND 310 THE FURBLE ALLOW WITH FORM PM. 3. PEIGHT PAGES 61P DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBLAL "RANSIT PRAMIT. PAGES 1 AND 2. POUR BE FILED WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION ONLY WAS INFECTION.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	2, E
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	PLEASY ECTOR P. FILES HOUR STREET	3 SEX		4. RACE	5. DATE OF BIRTH		RTHDAY) MON		UNDER 24 HRS.	2c. DATE PRONOUNCE	MÓNI D	TH DAY YE	DAY YEAR 24 HOUR OG/9. YOF DEATH MD. 176 KIND OF BUSINESS OR INDUSTRY ISA COMMISSRY NK Oden ton Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO DEATH NY STATE NY STATE NY	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 EXAMINER: THIS CRETHICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEAY BY MEASE	Z Z C S		Male	White	Feb. 11, 1	906 78	YRS.		7777	DEAD	F CITY OR COL	2/ 190		
	9 a m	FO	REIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY? USA WIDOWED DIVORCED **BALTIMORE CITY OR C.** USA WIDOWED DIVORCED **DIVORCED D							}		
	SEA SEA		TY OR TOWN		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING (IFE)							RK 12b KIND OF	BUSINESS	
	ACT HAZ		len Bur		North A	rundel Ge	n. Hos	p.	Sal	e Store	Worker			
ON ST., BALTIMORE, MD. 21201	See	USUA 130 S		(IF IN NURSING HOME O 13b. COUN' AAC	or other institution, give residence before admission) TY 13c. CITY OR TOWN O • Oden ton			13d. INSIDE CITY	13e. STR	d211	21113			
. MD.	PS1.2	14 FA	John		WIDDIE	Coobol	1 50	FIRST	MAIDEN NAME	MIDDI	J.E	LAST		
ORE	20 € 50 -	160 V	VAS DECEASE	D EVER IN U.S. ARA	AED FORCES?	Goebel	JRITY NO.	Ma 17. INFORMA			ADDRESS	UNK		
, BALTIM	URS AFTER 3. GIVE PA WITH FOR C. PAGES DIVISION	()	ES. NO. OR UNKNO	(IF YES, GIVE	WAR OR DATES)	068-01-6	- , -	Cheste	r Allen	1195	Monie R			
ST.	MAIN WAIN			F DEATH (Enter onl ATH WAS CAUSED	y one cause per line f DBY:	or (o), (b), ond (c).	•	0			_	SETWEEN O	ATE INTERVAL	
TON	ALON T PER T SIEP			IMMEDIAT	DUE TO, OR A	AS A CONSEQUEN	CE OF	in an	my .	-us,				
PRES	WITHIN 24 PENCIL IN 1E/MINER ALON TRANSIT PER INTAL HYGIE			ns, if any, which se to immediate	(b)									
201				stoting the under-		AS A CONSEQUEN	CE OF						ATT	
201 W.	BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BY AS A BURIAL SALTH AND MICHARD MICHARD BY AS A BURIAL CREMATION,	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION GI	VEN IN PART 1 (o)					
AL RE	Ser Cara	Z V	190. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH C	PERATION V	VAS PERFORME	D?			20 AUTOP	5Y?	
VIT.		RTIF	21a EXTERNA	AL CAUSE WAS	21h TIME OF	INTELLEV	216 h	OW INTUREY OF	CURRED (ENTER	MATURE OF BUILDING			NON	
ONO	STHE WO STHE WO TO THE HOULD BE ARTMENT	MEDICAL CERTIFICATION	UNDERLYING		HOUR A.M.		EAR	OW INJOKT O	CORRED (ENITE	NATURE OF INJURE	IN TEM TO PART TO	RPART 2)		
DIVISI	VRITING VRITING ARDED GE 3 SI GE 3 SI 201 PR	MEDI	21d INJURY C	NOT WHILE AT WORK	21e PLACE O STREET, FACTO	F INJURY (AT HOM DRY, FARM, ETC.)		OCATION STREET		CITY OR TOWN		COUNTY	STATE	
	ER: TH ATE, V ORW/ OR: PA HE STA ND, 21		220 I certi	fy that I taak charg	e of the remains desc	ribed obove, held o	n Auto	osy 🔲, Ir	spection .	Inquiry	, and in my	y opinian		
	BE DE LE		death result	ed from: Natur	ol causes X,	Accident,	Suicide	, Homicide		termined monn	er .			
	AL EX HE CER HOULD AL DIS E, MAI		ACTUAL SIGNATURE	9_	3_	Want		TITLE SPEC		ICAL EXAMIN	ER SIG	TE //-2/-	84	
	TO MEDICAL EXAMPRE, 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. PAGE 4 SHOULD BE FORW. AFTER DEATH, WITH THE SI BALTMORE, MARYLAND.		EXAMINER'S (TYPE OR PRI		E. Wheele	r. M.D.		ADDRESS 91	O Primro	se Rd.	Annapo-	lis, 214	03	
	DX4748		PEC IFY)		3b DATE			OR CREMATORY	23d. LC	OCATION OR TOWN	C	COUNTY	STATE	
	BP	24 FI	Buria UNERAL DIREC		11-26-84	Evergr	een Ce		Bro	oklyn Y REGISTRAR I	25b. REGISTRAR			
	DHMH - 17 (VR A15 ME (5))		NAME		Home 12 R	idealy Ar	o Anna	11.	VOV 26	109/	Pila David		00 1	
	20M 4/82				12 11	ARCTA HA	e HIII9	horizi ,	- 40	-JUH				



deoth certificate

requires that the

OR ATTENDING PHYSICIAN: The ar attending physicion

etained by the hospital TO HOSPITAL

BP

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

2 9

	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH DATE	YEAR 26 HOUR
TIMPE	FLOR	A Chaney GOTT	1/ //	84 1212pm
3. SE	X 4	RACE 5. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS
F	al amo	White Nav. 12, 1919	104 YRS MO	NIHS DAYS HOURS MIN.
		CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY O	FDEATH
n	ountry)	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arund	el Com MD.
10 C	NY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
8	nnapolis F	Inne Arunde General Losp.	(ME OF WORK FOR MOST OF WORKING LIFE)	LIVI Service
	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. INSIDE CITY LIMITS? HODOLOS YES NO	13. STREET ADDRESS / ZIP CODE	12140\$ Avenue
14. FA	THER'S NAME	IS MOTHER'S MAIDEN N	IAME JAMAI	net)
K	ichard Gar	diner Change Jr Effice		Wartz
	VAS DECEASED EVER IN U.S. ARM	NED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS 59 M	anuland Ave
,	YES NO OR UNKNOWN) (IF YES, GIVE	214-18-5365 Linda Go	tt Daniels-Annar	20/13-Md21401
		one couse per line for yo), (b), and (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE			(months
		DUE TO, OR AS A GONSEQUENCE, OF	1 .	2
	Conditions, if any, which	Chronic Mielour	vous Leukenia	3 years
	gove rise to immediate cause (a), stating the	DUE TO OD AS A CONSCOURNISE OF		1
	underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN	IN PART 10
NO NO				
AT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED
CERTIFICATION			YES NO YES	NG CAUSES OF DEATH? □ NO □
ER.	210. ACCIDENT WAS UNDERLYING		JRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
	OR CONTRIBUTING CAUSE OF DEATH			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 218 PLACE OF INJURY 211 LOCATION		
AE A	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	1/2	11/11	84
	220.1 certify that (I) (this hospital sow the deceased along on	11/10 0/1/	on death occurred on the date and hour o	that (1) (we) lost
	obove (I) (we) (did (did not)	view the body offer degrin.	and deciried on the dote ond hour	
	226. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF	11/12/QI
	Care	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	1111909
	224 PHYSICIAN'S NAME (TYPE OR	PRINT) 27e. ADDRESS EL FLA	NVIIN ST AND	NAPOUS NIA

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled wit with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or ather traumotic event, the medical

23s. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY

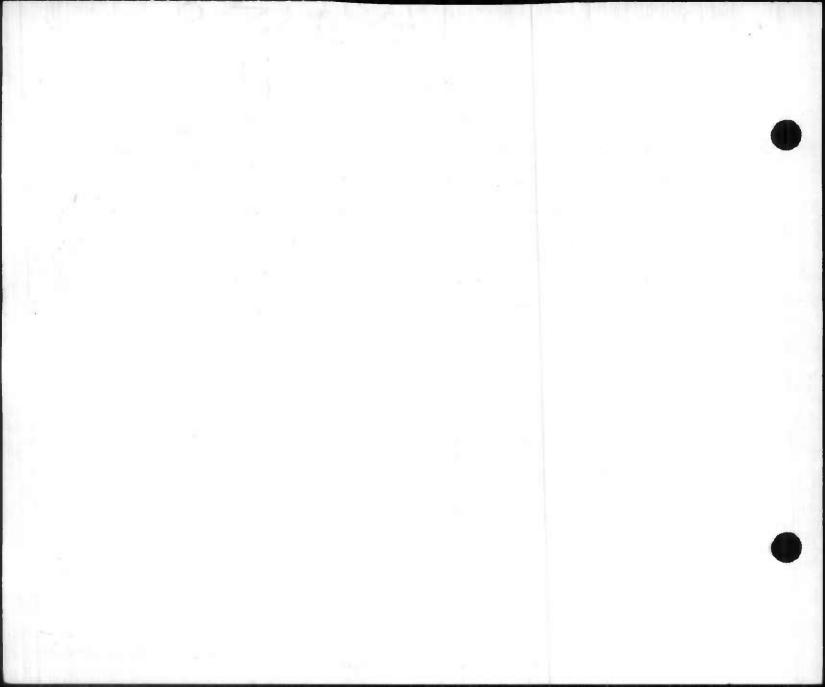
23d. LOCATION

250 DATE REC'D. BY REGISTRAR'S SIGNATURE
NOV 1 5 1884 Julia Davidson Andree

24 FUNERAL DIRECTOR

(VRA 15, 4)

MINDORTANT: If hem 21 is morked or hem 18 shows ony



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFIC	CATE	OF DE	ATH REG	NO.		
		EASED NAME OR PRINT	E FIRST		WIDDLE		LAST			20 DATE KNOWN	X MONTH	DAY YE	AR 26 HOUR
ď	(1177	CORPRINT	Ray	Tuc	cker		Groga	n		OF ESTI- DEATH MATED	Nov	25 198	34 M
	3 SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN		NDER 1 YR.	IF UNDER		2c DATE	MONTH	DAY Y	EAR 2d HOUR
	Ma	le	White	Jan 1, 1	1021160	YRS. MON	HS DAYS	Hours	MIN	PRONOUNCED DEAD	Nov	25 198	2:45 p.m
		RTHPLACE (S	STATE OR	76. CITIZEN OF WH.	AT COUNTRY?	8 MARE	RIED X NE	VER MARR	IED 🗀	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	Н
	WE	st Vi	rginia	U.S	5.A.	WIDOV	VED 🗌	DIVOR	CED 🗆	Anne Ar	undel	County	, MD
	10. CI	TY OR TOWN	OF DEATH		ITAL, NURSING HO		HER INSTITU	TION		UAL OCCUPATION MOST OF WORKING LIFE)		12b KIND OF	
/	(Glen Bu	rnie		nglen Aver					intanano			Elec.
5	USUA 13a. S1		(IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMIS	SION)	13d. INSIDE C	ITY I IMITS?		REET ADDRESS			
2		rylan			Glen Bu		YES 🗌	NO 🔯		04 Ferng	len A	ve. 2	1061
4	14 FA	THER'S NAM	E	WIDDLE	LAST			ER'S MAID	ENNAM	MIDDLE		LAST	
u	Н	arry	N	lewman	Grogan		Jos			Fay		ottri	.11
1		S, NO, OR UNKN	DEVER IN U.S. ARA		16b. SOCIAL SECUR		17. INFOR		Wife		Sa	me as	
		Yes	W.W	. II	546.34.	2968	Mrs.	Eli	zabe	eth A. G	rogan	13	
			OF DEATH (Enter onle	y ane cause per line f	for (a), (b), and (c).)								MATE INTERVAL ONSET AND DEATH
		immediate cause (o) Shotgun Wound to Head											30-2
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if any, which gave rise to immediate (b)											
		couse (a) stoting the <u>under-</u> lying cause lost. DUE TO, OR AS A CONSEQUENCE OF											
				(c)									
f	-	PART 2 OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITIO	N GIVEN IN PA	ART 1 to				
	EDICAL CERTIFICATION												
1	ICA	190 DATE O	FOPERATION	196. CONDIT	ION FOR WHICH OP	ERATION V	VAS PERFOR	MED?				20 AUTO	PSY?
2	RTIF	OL EVIEDN	AL CAUSE WAS	011 THE 05	15.7.11.15.17	Tar						YES [XXON
3	LCE	UNDERLYING		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCUR							M 18 PART 1 OR PA	.RY 2]	
	OICA	CONTRIBUT	ING CAUSE OF D	EATH ? P.M. 11-25 19 84 subject shot himself									
	MEC		NOT WHILE	STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN							co	UNIY	STATE
		AT WORK	AT WORK	•	Home	40	J4 Fer			enue, Gien	Burnie		, Md.
		220 I cert	ify that I took charge	e af the remains desc	riber abave, held on			Inspectio	n XX	Inquiry .	and in my of	oinion CO.	, Pict.
		death resul	teg tram: Noture	ol causes	Afrident	Juicide X	Hami	cide .	Unde	termined monner],		
		ACTUAL	1000000	1 /KX	le shi	11	,	PECIFY)			DATE		
2		SIGNATURE	renn	WUX	nog 1/1	nu	A.D.ASSi	stant	MED	OICAL EXAMINER	DATE	11-2	26-84
~	1	EXAMINER'S	NAME Denr	is F. Smy	th, M.D.			111	Penr	St., Bal	to., M	d. 21	1201
_		(TYPE OR PR	INT)				ADDRESS_						
	23a.Bl	PEC IFY1	TION, REMOVAL 2	DATE	23c NAME OF C	EMETERY (OR CREMAT	ORY		OCATION	COU	NTY	STATE

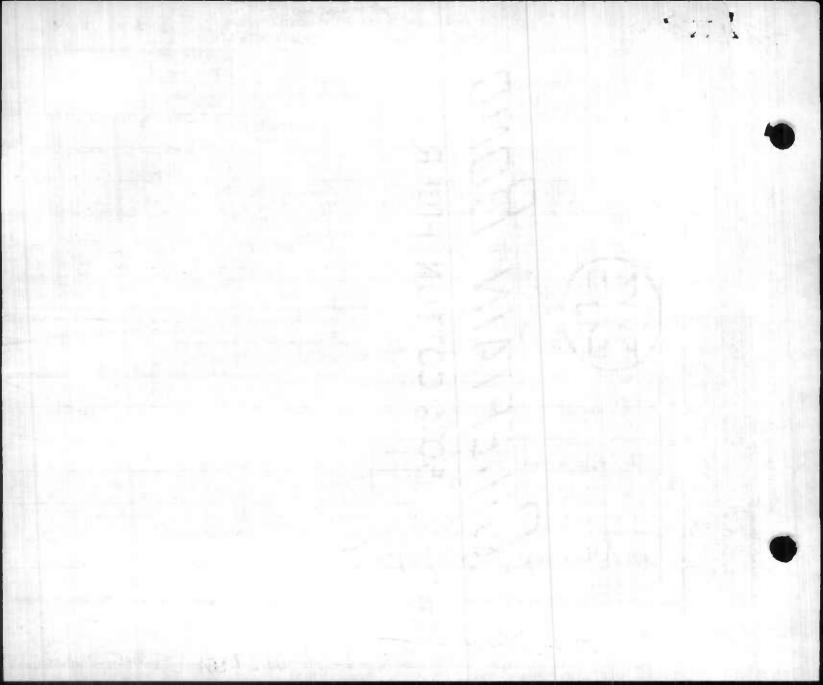
07/84 25M **DHMH - 17**

(VR A15 ME (5))

Burial

Nov.30,84 Floral Hills Cemetery Quiet Dell Harris W.V. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, Md



DHMH - 17 (VR A15 ME (5))

DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIE	ME	60
MEDICAL	EXAMINER'S CERTIFICATE OF DE	ATH	8
MIDDLE	HACAN	20 DATE	KNO

29019

		TATE		MED	DICAL EXAMI	NER'S	ERTIFIC	CATEC	FDEA	TH REG.	NO.									
		EASED NAME	E FIRST		MIDDLE	υΔ	GAN,			20 DATE KNOWN	M MONTH	DAY YEAR	26 HOUR							
	() inc	OR FRINT)	Willi	iam	D.		veren.	Jr.		DEATH MATED	□ 11/2	2/8419	M							
3.	SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN Y	YEARS IF UN	JUER I YR	IF UNDER	-	26 DATE PRONOUNCED	MONTH	DAY YEAR	3:30							
1	ma	le	caucasian		(1	YRS. MONT	HS DAYS	Hours	MIN	DEAD	11/2	2/8419	A M							
	BIR	THPLACE (5)		76 CITIZEN OF WH		8 MAPP	IED X NE	VED MADD	En 🗆	9 BALTIMORE CIT										
2		ryland		USA		WIDOW		DIVORC		Anne Aru	ndel Co	ninty.	MD							
		Y OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOA		IER INSTITU	TION	120 USU	JAL OCCUPATION	TYPE OF WORK	126 KIND OF BU OR INDUSTE	SINESS							
		Glen	Burnie		rundel Hos	spital			Equ	ipment Ope	erator	Constru	ction							
	SUAL a ST	RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION GIV	13c. CITY OR TOWN	SION)	13d INSIDE C	ITY LIMITS?	13e STR	EET ADDRESS										
21	Ma:	ryland	Anne	Arundel	Gambrill		YES	NO 🗆	181	7 Underwood	od Road	21054								
2/11		THER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDI				LAST								
1	W	illiam	Da	niel	Hagan,	Sr.	Car	role		Lynne		Sofiel	d							
16	a W	AS DECEASED	DEVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORM	TNAN		ADOR	SI7 IInd	derwood	D.A.							
	(10)	NO	(IF YES, GIVE	WAR OR DATES)	237-21-43	136	Will	iam D	. Ha	gan, Sr.		ills. MD								
7			F DEATH (Enter onl	ly one cause per line						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		APPROXIMATE	INTERVAL							
r		APPROXIMATE INTERV BETWEEN ONSEL AND DI APPROXIMATE INTERV																		
		Q 10 9 IMMEDIATE CAUSE (0) DEOWITING (DUE TO, OR AS A CONSEQUENCE OF																		
	Conditions, if ony, which																			
	gove_rise_to_immediate																			
		lying couse lost.																		
		PART 2 OTHER SE	GNIFICANT CONDITIONS	CONTRIBUTING TO DE ATM E	BUT NOT RELATED TO THE TER	DMINAL DICEAC	C OR COMPLETE	N CINCK IN BA	D7 1 -											
	Z	TORN I OTHER JE		CONTRIDUTING TO BEATH	TO THE RECEIPT TO THE PER	KWINAL DISEAS	E OR CONDITIO	N GIVEN IN FA	KI I I I											
1	CERTIFICATION	190 DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPE	ERATION W	AS PERFOR	MED?				120 AUTOPSYS)							
/ 1	FIG			100								YES X	NO 🗆							
9	E	210 EXTERNA	AL CAUSE WAS	216 TIME OF	INJURY	71c H	OW INJURY	OCCURRE	D LENTER I	NATURE OF INJURY IN ITEA	A 18 PART T OR PAI		NOL							
21	0	UNDERLYING	XOR	HOUR A.M	MONTH DAY YEA	AR														
	MEDICAL	214 INJURY	NG CAUSE OF E		TI 1/2/84 OF INJURY (AT HOME,		cation	arown	iea											
	H I	WHILE	NOT WHILE	STREET FACT	ORY, FARM, ETC.)		STREET			CITY OR TOWN		YIMI	STATE							
1	2			λ _	1+02	Tit	-+10 D	112 01	COST	a Stoney	Crook	Pagader	na, Ma.							
1	×	AT WORK	AT WORK	* Wa	ater	1111	rrie b	our rey	COV	Water James Town										
1	¥		ATWORK	l Wo				Inspectio		Inquiry .	ond in my op	OF CASE OF								
2	×		fy that I took charg	l Wo	cribed above, held on			Inspectio	n .			OF CASE OF								
2	W	220 I certi	fy that I took charg	e of the remains desc	cribed above, held on	Autop	Homic	Inspectio	n .	Inquiry .		inion								
2	W	220 certi	fy that I took charg	e of the remains desc	cribed above, held on	Autop	Homic	Inspectio	undet	Inquiry,		11/2/	′84							
7 2 4		220 certi death result ACTUAL SIGNATURE	fy that I took charg ed from: Natur	e of the remains desc	cribed above, held on	Autop	Homic	Inspectio	undet	Inquiry .	ond in my op	11/2/	184							
2		220 certi deoth results ACTUAL SIGNATURE	fy that I took charged from: Notur	ge of the remains described courses	cribed above, held on	Autop Suicide	Homic TITLE (S	Inspection in the Inspection i	Undet	Inquiry , ermined monner .	ond in my op , DATE SIGNE	11/2/	^{'84}							
2		220 certi deoth results ACTUAL SIGNATURE	fy that I took charged from: Notur	ge of the remains described courses	Acciptor X	Autop Suicide	Homic TITLE (S	Inspection cide	Under	Inquiry,	ond in my op DATE SIGNE	11/2/ MD 21								
2 4		220 certi deoth results ACTUAL SIGNATURE	fy that I took charged from: Notur	ge of the remains described courses	Accept X	Autop Suicide M M.D.	Homic TITLE (S A.D. ASS ADDRESS	Inspection cide , record , rec	Under Under	Inquiry, ermined monner	ond in my op DATE SIGNE	MD 21	201 ATE							
7 73	3e.BL (SF	220 certi deoth results ACTUAL SIGNATURE	fy that I took charged from: Noture NAME GTE TION, REMOVAL 2	egory R. F	Kauf Ivan, 1	Autop Suicide M.D. EMETERY C	Homico TITLE (S.A.D. ASS.ADDRESS.ADDRESS.GREMATC	Inspection (ide), PECIFY) (istar 111)	Under Under Penn Pan Pan REC'D. BY	Inquiry, ermined monner ICAL EXAMINER St. Balt	DATE SIGNE	MD 21	201 ATE							

Although the integral of the control MATTER THE STATE OF THE STATE O A CONTROL OF THE CONTROL OF THE PARTY OF THE

10	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG NO.	902	EST	
m #		CEASED NAME THAT		VINCENT	HAMM	EN	NOVEMBER	29, 1984	0750 AM	
	3. SE)	Male	4 RACE	lut	May		62 AGE (HI HARLIANT BETHERAY)	A UNION LITERAL HONOLOGY DAYS	# UP-DER 24 HIRS. HOURS AHR.	
	8	RIHPLACE THATEGRADURGA COUNTRY) (altimore, MD	US	CAPPER PROPERTY AND INC.	WIDOWE		The second secon	NDEL COUN	TWEET.	
by the fi		GLEN BURNIE	"NORT	H"ARUNDE	L' Hos	PITAL	Asst. Manage	r Alleg	heny Frei	
36	13a. 5	Maryland 136. COL	AA Glen Burnie			YES [] NO [X	401 Magnolia	21061		
2 2		Joseph	MODIS	Hammen		Elizabeth	MEDIE ADDRESS	Avesser		
1. Poges medica		YAS DECEASED EVER IN U.S. A PES HOLOR LINKHOWNO WWW. YES WWW.	IVE WAR OR DATEST	214-14-		Victoria J.	Hammen, Same		BARTY SCHEVAL OHOL AND DEATH	
permit. Then please permit. Then please me price to burlial, at we dray injury, or ad-	CERTIFICATION	underlying course fort. PART 2. OTHER SIGNIFICANT The DATE OF OPERATION	COND			NOT RELATED TO THE TERM	NALDISEASE OR CONDITION 286 AUTOPSY7 106 YES [7] NO[7]	N GIVEN IN PART IN LYES, WERE FRIDE ERTIFYING CAUSES YES [7]	NGS USED	
inflicate in infli	100	STAL ACCIDENT WAS UNDERCOND. ON CONTRIBUTING	EATH HOUR A	M. MONTH D	DAY YEAR	21L HOW INJURY OCCURS	ED (switch watches or require in the	Total Control of the	77	
R. After this of use as the but Health and Ma	MEDICAL	A		OF INJURY		THE LOCATION STREET	11/29/5	34/10	that (I) (we) last	
TO FUNERAL DIRECTO		JORGE B. F	AMIREZ.	Rauw M.D.	7	ATTENDING PHYSICIAN CADDRESS TE	MEDICAL STAFF MEDICAL STAFF MEDICAL PHYSICIAN [45 OAKWOOD RO RNIE, MARYLAND	AD, #205/	1	
		Burial	Dec. 3	Commence of the		aven Mem. Parl			MD	
- 16 50M 4/83 /RA 15, 4)	24, 61	James S Kirk	ev Gler	Rurnie	MD	NO.	V 3 0 1984	a Davidson-V	pandelle	

LOAR 1

P	1 - STATE REGISTRAR			DEPA		ICATE OF DEAT			5. NO. 6	2902	BST
1	DECEASED NAME (TYPE OR PRINT)	MARGA		M.	HAMMO	OND		NOVEN	1055 A		
V	Female		4. RACE White		5. DATE O		ži	AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	
6	Pennsylvan		U.S	WHAT COUNTE	MARRIE	MARRIED █ NEVER MARRIED ☐				DEL COUN	TY MI
4	GLEN BUF			HOSPITAL, NUR		PITAL	NO	120 USUAL OCCU (TYPE OF WORK FOR M CLERK	PATION OST OF WORKIN	NG LIFE) 126. KIND	OF BUSINESS OF
	USUAL RESIDENCE IF N 130. STATE Maryland	136 COUN	TY	13. CITY ORTO		13d. INSIDE CITY LIV		30 STREET ADDRES	SS / ZIP CO	code e Drive	21122
100	4 FATHER'S NAME	A	AIDDLE	Wesolö	wski	15 MOTHER'S MAII	DEN NAM h ryn	E	£E.	Robe	e11
medico	(YES. NOR UNKNOWN)		MED FORCES?	166-14	ECURITY NO. 4-9869	17. INFORMANT Edward (C. Ha	mmond Sr	DDRESS	Same as	s 13e
went, the	18 CAUSE OF DE PART I. DEATH	WAS CAUSED	y ane cause per) BY: E CAUSE (a)	Aute	, and (c).)	ratory				APPRO BETWEEN	DEMATE INTERVAL NONSET AND DEATH
remation, or re	Canditions, if a gave rise ta i cause (a stc	ny, which mmediate iting the	DUE TO, O	RAS A CONSEI METALLE RAS A CONSEI	atia L	lung Can	uer	/		5	month
injury, or of	PART 2. OTHER S			ontributing		NOT RELATED TO THE	HE TERMIN	NAL DISEASE OR	ONDITION	I GIVEN IN PART 1	lía
ene prio	190 DATE OF OPE			ITION FOR WH	ICH OPERATIO	N WAS PERFORMED)	200 AUTOPSY?	IN CE	F YES, WERE FIND ERTIFYING CAUSE YES	
	00.504/20/04/20/05	CAUSE OF DEA	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE O	INJURY IN ITEM	n 18 PART I OR PART 2)	
rked or	IF EITHER NOTIFY M 21d INJURY OCCU	WHILE WORK	21e. PLACE	OF INJURY REET FACTORY, OFFI	ICE FARM, ETC.)	ZII LOCATION STREET	0.	СЦА	ORTOWN	COUNTY	STATE
of Health	22a I certify that saw the dece obove, (I) (we	ased alive an	1/ //)	01/	nd that in (my) (our)	apinion d	to eath occurred an t	he date and	hour and from th	, that (I) (we) last ne couses stated
State Dept ANT: If frem	226. SIGNATUIT	Sy.	As	in		DEGREE ATTEN	IDING #	MEDICAL DIRECTOR PH	STAFF YSICIAN	1/5	10-34
with the State	22d PHYSICIAN'S	S HSU				22e ADDRESS	18	MAR MAR	OD RO	AU SULLE	104
3	230 BURIAL, CREMATIO		236. DATE 11/13/	/84]	Bel Air	EMETERY OR CREM. Memorial	ATORY	23d LOCATION		Harro	rd ⁵¹ Md

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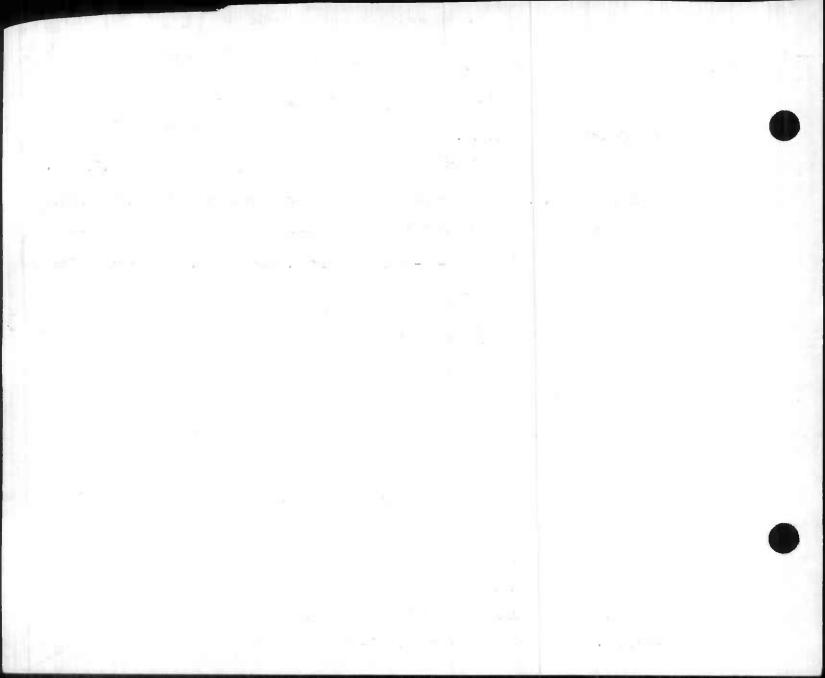
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NOV 1 1 1001 Fina Davidson-Randon

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR George J.

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OR ATTENDING PHYSICIAN: The low

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S DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST MAJC	olm W.	Hardesty	20 DATE OF DEATH MONTH	28-84 425
3 58	mALE 1	RACE	5. DATE OF BIRTH MONTH 10-06-ZO	6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HR.
35 75	SIRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
	ANNA POLIS	1. NAME OF HOSPITAL, NURSIN	ADDRESS) HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ATTORNEY	176. KIND OF BUSINESS CO
35 130	JAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE 134 CITY OR TOW SEVER	NA PHES NO NO	130 STREET ADDRESS / ZIP COI	8 7-1146
20	ATHER'S NAME	m. Hardis	ESSEE	MIDDLE Wh	illindin
	WAS DE UN ED EVER IN U.S. ARM	WAR OF LATES) 22007	3022 alma	Hardesty -	Levena Ph
	IN CIÚSE OF DEATH (Enter only IRT I. DEATH WAS CAUSED IMMEDIATE		utilil tem		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DUDITIONS CONTRIBUTING TO		NINAL DISEASE OR CONDITION G	IVEN IN PART 1(g)
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\) NO \(\)
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM II	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, E	PARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a 1 certify that (1) (this hospital sow the deceased alive on above, (1) (were with (did not))	11/27/89 19	, 19, ond that in (my) (ear) opinion	deoth occurred on the dote and he	, 19 8 , that (I) (we) lo
	77h. SIGNATURE	him h	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/28/8
	22d PHYSICIAN'S NAME (TYPE ORI	CINS, MIS	22e ADDRESS AWNAM	obis M	λ ×144+
730	BURIAL CREMATION, REMOVAL	236 DATE 234	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY A STAN

DHMH - 16 50M 4/83

MARAL DIRECTOR

FOR

250 DATE REC'D BY REGISTRAR'S SIGNATURE Boolean

(VRA 15, 4)

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STATE	OF	MARYLAND	

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1-	STATE REGISTRAR	DEPARTI		ICATE OF DEATH	REG. N	0.		EST
	CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(TYPE	SUSIE	MAE	HARDY	7	NOVEMBE	R 11,	1984	1234 A
3. SEX	X 4	RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Female	White	Feb		81	YRS	DAYS DAYS	HOURS MIN.
		b. CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY O		OF DEATH	
	aryland	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	ANNE A	ARUNDEI	COUNT	Y MD
	GLEN BURNIE	NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDE)	ADDRESS)		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker	F WORKING LIFE)		F BUSINESS OR
USUA 130 S	AL RESIDENCE (IF MURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFOR Y I3c. CITY OR TOW Millersy	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS A		iler V	7il. 211
	Samuel nn			15. MOTHER'S MAIDEN NA Bertha	WIDDLE		Catter	ton
	VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE	213.28.5		Irving W. Ha	- 'S TV4 IV	ol-Park sville	Trail, Md.	er/Vil. 21108
	18 CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: H	2/1.8	MECON	4			MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)						
NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 11	a.
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🌠		WERE FINDING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	11b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	et I ORPART 2)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I) (this haspita	il) attended the deceased fram_						that (II (we) lost

should be detached for us with the State Dept. of He

MPORTANT: # He

DHMH - 16 50M 4/B3 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

231. NAME OF CEMETERY OR CREMATORY Baldwin Memorial

22e ADDRESS

ATTENDING

MILLERSVILLE MARYLAND Millersville

A.A.

MD.

Burial 24 FUNERAL DIRECT

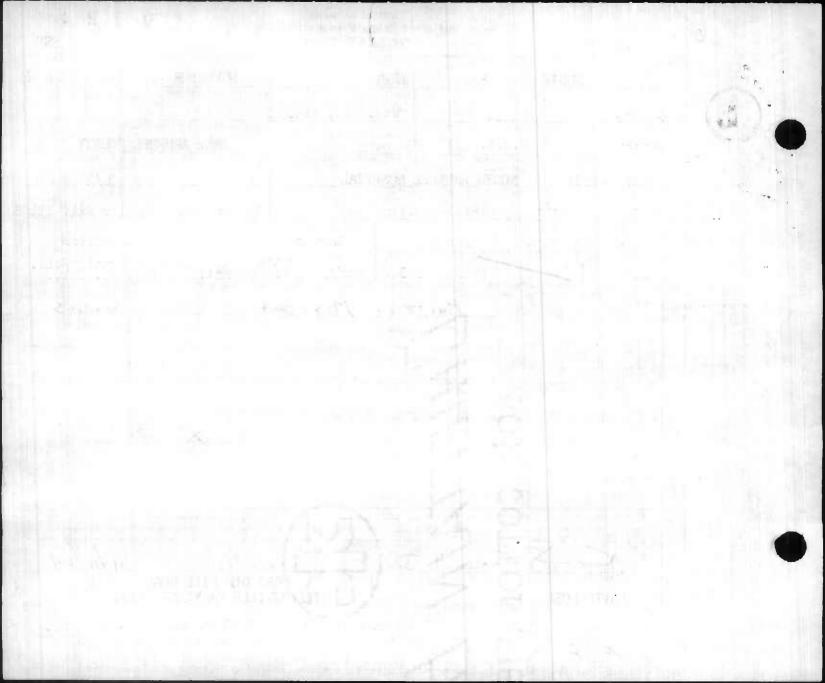
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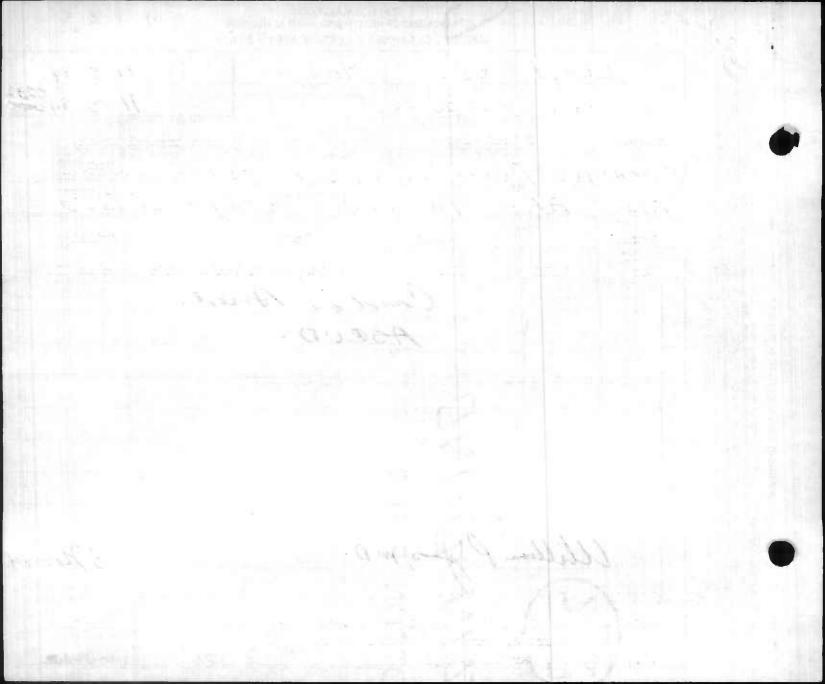
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20M 4/82

STATE OF MARYLAND



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AL OR ATTENDING PHYSICIAN: The low the hospital or attending physician.

TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF BEATH

	REGISTRAR				CERTIF	ICAIL OIL	LAIN	REG. N	O.		
	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH		DAY YEAR	26. HOUR
1	Carlo Mary	Freder	cick	н.		Harris			11	28 84	
1 SE			4 RACE		5. DATE (YEAR	6. AGE (IN YEARS LAST BIR		MONTHS DAYS	1F UNDER 24 HE
	Male		Whit	e	8 8	27	22	62	YRS		
	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY C	_	OF DEATH	
_	aryland		U.	S.A.	WIDOWE		VORCED	Anne Am			
	altimore	DEATH		HOSPITAL, NURSIN HEALITY, GIVESTREET 11th Ave		OR OTHER INS	ITUTION	12a USUAL OCCUPATION (IVPE OF WORK FOR MOST CELECTRONICS)	F WORKING LIFE	E) INDUSTRY	of Business of Inghous
30 5	AL RESIDENCE (IFN STATE ryland	136 COUN	ITY	13c. CITY OR TOW Baltimor	N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 423 Fifth			21225
1 FA	Thomas		D.	Har	ris	7 11 11	s maiden na/ charlot	MIDDLE		LAS	haw
	VAS DECEASED EV			166 SOCIAL SECU		17 INFORMA	NT	ADDRE	SS		
-	YES UNKNOWN	WW	E WAR OR DATES)	214-16-6	004	Mrs I	Ooris R	unge Harris		Same	as 13e
CERTIFICATION		immediate of the ouse lost	CONDITIONS CO	R AS A CONSEQUI	ENCE OF	un	-	INAL DISEASE OR CON 200 AUTOPSY? YES NOT	20b IF YES	, WERE FINDI	NGS USED
	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	FINJURY M. MONTH D.	AY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU			NO [
MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET	NO	CITY OR TO	wn	COUNTY	STATE
	sow the dece above, (1) (we	osed alive on	3 / /-	e deceased from_ 19 Cotter death.	17.0		19 6 9 (out) opinion (death accurred on the d	28 ote and hou	r and from the	
,	276. SIGNATURE	NAME OVER	Ser	dann	_	DEGREE /		MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	22c. DATE	4 2 F d
- 1	BEN.	J Ami	n B.	ERUPA	IN	Co ADDRES		4AMMEN.	05 2	ANC	PALTO
	BURIAL, CREMATIO	ial	12/1/8	34 Lo		Park Ce		Balltimo	re	COUNTY	MdSTATE

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TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove corbandopers. Pages Land 2 should be detached for use as the burial-transit permit. Then please remove corbandopers. Pages Land 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, it

DHMH - 16 50M 4/83 (VRA 15, 4)

George J. Gonce 4001 RitchressHgwy Balto Md

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STATE DEPARTMENT OF HE CERTIFIC

OF MARYLAND	63	0	1)	2	1
ALTH AND MENTAL HYGIENE	Gan	-		200	1
CATE OF DEATH					

- Jane		REGISTRAR		CERTIFICATE OF PEATIT	REG. NO.	
17		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
\	(147)	Willia	m Patrick	Hilditch	November 22,19	84 3:00 M
)	3 SE	x	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ne		Male	White	May 8,1923	61 YRS.	
44		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
0	11	anyland	USA	WIDOWED DIVORCED	Anne Arundel	MD.
14		en Burnie	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVESTREET A NORTH ARUNCEL)		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LT	IZE KIND OF BUSINESS OR INDUSTRY
36	130	at residence if nursing home or state 136, coun	JIL CITY OR TOWN		13. STREET, ADDRESS / ZIP CODI 410 Kent Road	21061
120	14 F/	Edgan Wil	Tiam Hilditch	15. MOTHER'S MAIDEN NA/	Agres	Flynn
e medical		VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) 1 1 4 7 5 GM	MED FORCES? 166 SOCIAL SECUI (F WAR OR DATES) 217–16–8		itch Same A	# 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ury, or ather troumo	7	Conditions, if ony, which gove rise to immediate couse (a), stafing the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	normy tail	INAL DISEASE OR CONDITION GIV	VEN IN PART I 10
ows ony inj	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
88.49		71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
rked or li	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21E LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 із то		sow the deceased alive on above, (I) (we) (did) (did no	tal) attended the deceased from 19 5	ond that in (my) (our) opinion of	death occurred on the date and how	
LT: If Hen		27h. SIGNATURE	· Hon-d		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
APORTANT:	- 1	Dr Sandra Hou		1 E. Randa L	1 Street Balto.	,Md. 21230
<u> </u>	23a.	BURIAL, CREMATION, REMOVAL	14	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
_		Burial	Nov. 26,84 (n	oursville Vet. Cem		A.A. Md.
M 4/83		UNERAL DIRECTOR	ADDRESS	NOA	2 7 1091	1 70
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STATE OF MARYLAND 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 65 CERTIFICATE OF DEATH

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		RECOGTRAN				REG. N	0.						
		CEASED NAME FIRST OR PRINT)	MIDDLE		ST	20 DATE OF DEATH		100/	722 AM				
9		DORIS	2 22 2007 4 42007	HILLM				1984	M				
	3 SEX	emale	Caucasian	5. DATE O	12° 08	6. AGE (IN YEARS LAST BIT		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.				
9		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	0	12 00	9. BALTIMORE CITY O	YRS.	OF DEATH					
H	0	OUNTRY)	U.S.A.		NEVER MARRIED	ANNE A		COUNT	Y				
1		aryland TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME O	Name of the last o	120 USUAL OCCUPAT	ION	126 KIND C	OF BUSINESS OR				
4		GLEN BURNIE	"NORTH"ARUNDEL	HOSP:	ITAL	Secreter		Bank	ing				
		TATE 13h COUN		N . 1	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE						
		an y name	A. Glen Bu	rmie	YES ANO	325 Mary	land	Ave	21061				
in the	14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN N	AME		EA!	ST				
		Charles	A. Bartell		Bertha			My	ers				
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS						
٦		no	213-14-	0905	Louise Ly	on 325 Ma	rylan						
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b), and	d (c)	~/	,		BETWEEN	SETWLEN ONSET AND DEATH				
			TE CAUSE (a) Caus	DEEN	2.5) (10	ch		In	oms				
			DUE TO, OR AS A CONSEQUE		0 0	7 /		1					
		Conditions, if ony, which	(b) Hents	my	contral e	Infarta		4	ous				
		couse (o), stoting the underlying couse lost											
		(c)											
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
/	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	NGS USED						
7	TFIG					YES T NOT		YING CAUSES	S OF DEATH?				
5	CE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	WEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART T OR PART 2)					
7		OR CONTRIBUTING CAUSE OF DE		AY YEAR	A TANKS TO SE								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	310	211 LOCATION	CITA OB IC	WA	COUNTY	STATE				
	Z	WHILE NOT WHILE AT WORK											
	1.5	220.1 certify that (I) (this hospi	ital) attended the deceased from	11-	, 19 84		0 1	984 -	that (I) (we) last				
		sow the deceased alive on above, (I) (we) (did) (did no	11- 10 ot) view the body after death.	<u>У</u> , on	d that in (my) (our) opinio	on death occurred on the d	ote and hour	and from the	couses stated				
		22b. SIGNATURE	7	0	ATTENDING	MEDICAL STA	FF -	22¢ DATE	SIGNED				
		7		m	PHYSICIAN	DIRECTOR PHYSIC	CIAN	11-	10-870				
		224 PHYSICIAN'S NAME (TYPE C	(/			10 11401 44 411	ROAD 3:	1061					
		SANG C. DOI			1	JRNIE, MARYL	AND Z.	1061					
		URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	CIM OR TOWN	re 21	234	Md . STATE				
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DHMH - 16 50M 4/83 (VRA 15, 4)

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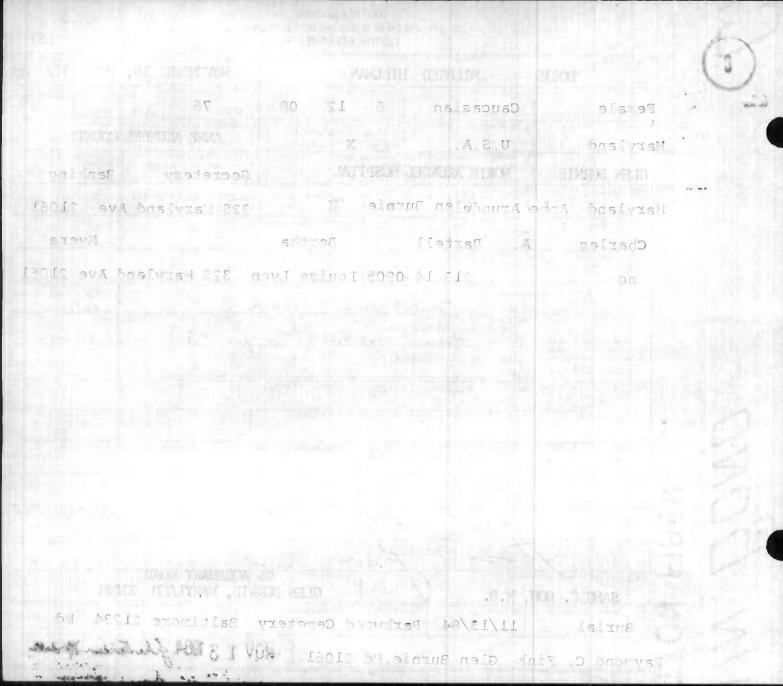
should be detoched for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cr TO FUNERAL DIRECTOR. After this certificate has been

morked or Item 18 shows ony

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md 21061



deoth. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be little with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be recommended.

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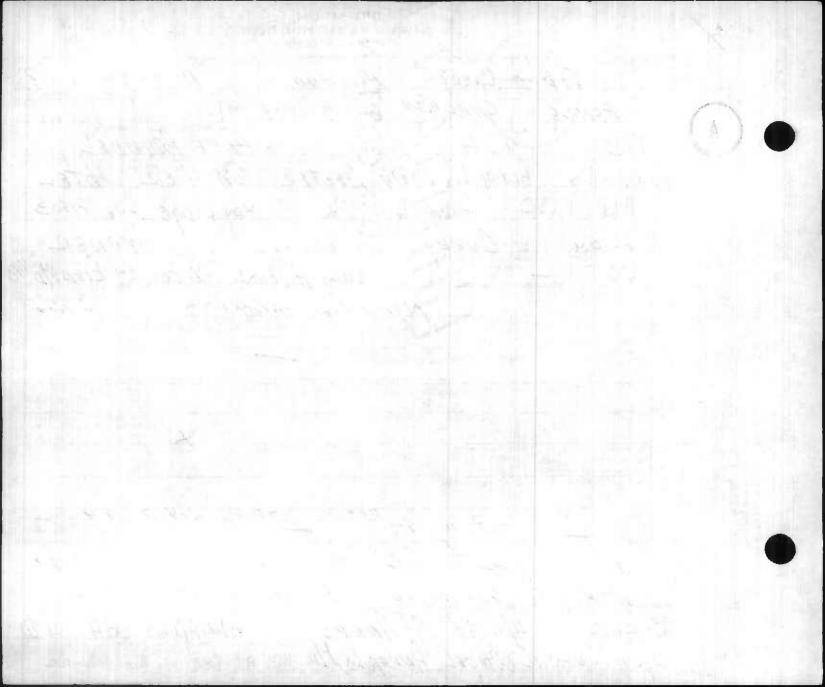
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	JENE 🛶
LAST	20. DATE

DECEASED NAME 1891 1800	1 -	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGUENE 3 REG. NO.	9027
The BRITHPLACE CLUSTED CHOICE OF WHAT COUNTRY? ARREST OF SOURCED TO STATE OF SOURCE OF WHAT COUNTRY? ARREST OF SOURCED TO STATE OF SOURCE OF S	(TYPE	ORPRINTI Sefer	VA CURRY	HOLL PND	20. DATE OF DEATH MO	7 - 84 PM
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THE STATE ST		MD.	45A	WIDOWED DIVORCED	* HAVE HE	PUNDEL MO
STATE THE STATE THE COUNTY THE PROPERTY THE STATE THE	A	UNApolis	HNNApolis COR	DV. CENTER	CASHIE	
18 CAUSE OF DEATH (Enter only one couse per line for (a)), (b), and (c) PART 1. DEATH WAS CAUSED BY. (b) PART 1. DEATH WAS CAUSED BY. (b) PART 1. DEATH WAS CAUSED BY. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 206 IN VEST	13e 5	MD. MA		YES NO	KAY FIDGE	fue 21803
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PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				EHILY H.	PEAKE P.O. BO	x 27 Riva Mo 14
Conditions, if any, which gove rise to immediate couse (a)t, stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF CON		PART I. DEATH WAS CAUSE	D BY:	yourdial "	NEBRUTIA	BETWEEN ONSET AND DEATH
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 20		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART I I II
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on obove, (I) (we take (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN ATTENDING MEDICAL STAFF PHYSICIAN 12e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 27l. LOCATION STREET CITY OR TOWN COUNTY STATE 19 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. DATE SIGNED 22e. DATE SIGNED 22e. DATE SIGNED 22e. DATE SIGNED 22e. ADDRESS	TIFICATION				20a AUTOPSY?	Ob. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
22a. I certify that (I) (this haspital) attended the deceased from the deceased from the deceased alive on above, (I) (we that (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-8 M. 22c. DATE SIGNED		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	CURRED (ENTER NATURE OF INJURY IN	HITEM IS PART 1 OR PART 2)
sow the deceosed alive on OLT 19 4, and that in (my) to opinion death occurred on the date and hour and from the causes stated obove, (I) (more stated (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 1728 ADDRESS	MEDI	WHILE NOT WHILE		RM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1 - 7 - 8 F		sow the deceased alive on above, (1) (was did) (did no	OCT 10 198	14	nian death occurred on the date	
		Harvey	1 Steinfe	MO ATTENDIN		- 11-7-8x
	02.0	HAKVEY &	T STEINFEL	o SHAD	VSIDE Md	20764.
230, BURIAL, CREMATION, REMOVAL DATE CEMETERY OR CREMATORY 230, LOCATION 230, LOCATION 240, FUNDANCIA STATE SIGNATURE 250, DATE REC'D. BY REGISTRAR'S SIGNATURE	\mathbb{Z}	URIAL	11/10/84 57	HNWES	HUNAPOL	is PA MD.

NOV 8

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



20M 4/82

FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3 9

	REGISTRAR		WEI	DICAL EXAMINE	EK S CERTIFICATE	OF DEA	REG.	NO.		
I DECEASED NAME FIRST				LAST	LAST ZO DATE KNOWN			DAY YEAR	26 HOUR	
(TYP	E OR PRINT)	Will:	iam	James	Hollingswo	rth	OF ESTI-		1/8419	N
SEX Ma	ale	RACE Caucasian	5. DATE OF BIRTH	YEAR LAST BIRTHDAY	MONTHS DAYS HOURS	ER 24 HRS	24 DATE PRONOUNCED DEAD	11/3	DAY YEAR 1/84 19	9:14 P M
7a. B1	RTHPLACE (SI		76 CITIZEN OF WE		MARRIED A NEVER MAR	PIED [9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	ngland		Great Br	itain	WIDOWED DIVOR	-	Anne Ar	rundel	County,	MD
10 CI	Glen	Burnie	(IF NOT IN SUCH FA	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) rundel Hosp:	or other institution	FOR A	JAL OCCUPATION (MOST OF WORKING LIFE) Kbinder		OR INDUST Printer	
30 S	L RESIDENCE	IF IN NURSING HOME OF	OTHER INSTITUTION, GIV	ve residence before admission 13c. CITY OR TOWN Crofton		13e. STRE	EET ADDRESS Truro La	ne 21	114	
F A	THER'S NAME FIRST Willia	m	WIDDLE	Hollingswort		DEN NAME	WIDDLE	S	imcock	
	AS DECEASED S. NO, OR UNKNO NO	EVER IN U.S. ARM		218-78-267		Holl	ADDRE ingsworth	737	Truro La	ane 2111
	PARTIDE	ATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	for (o), (b), ond (c).) Hanging AS A CONSEQUENCE O	F				APPROXIMAT BETWEEN ONSE	
	gove ris	is, if any, which e to immediate stating the <u>under</u> se lost.	(b)	AS A CONSEQUENCE O	F					
Z	PART 2 OTHER SIG	ENIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN	PART I (a)				
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OPERA		20 AUTOPSY	? NO K]			
MEDICAL CERT	UNDERLYING CONTRIBUTION	IG CAUSE OF D	P.M.	MONTH DAY YEAR	subject hand SIN LOCATION STREET 939 Truo Iai	ged se		co	UNIY	STATE
		y that I took charge	4 17	cribed above, held on Accident , Suice		tion XX	Inquiry .	and in my or		u.
	ACTUAL SIGNATURE EXAMINER'S	NAME CO	ALL V	Vauffman M	M.D. Assista			DATE		
(5	Crema	ion, removal 23			etery or crematory itan Crematory	y Ale	n St. Bald OCATION ORTOWN Exandria,	Fairf	ax, Virg	inia
	NERAL DIRECT	Music	e hlatings	16000 Annap Bowie, Mary	OTTR DOSGE WILL	V 9	1984 June	GISTRAR'S S	A ALIBADA	·

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completely filled in by the funeral director, page i

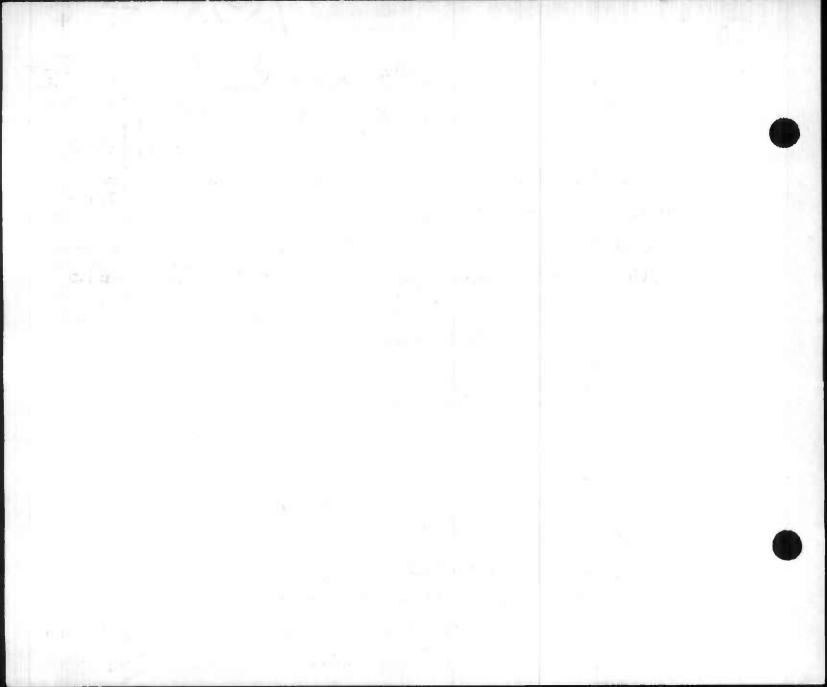
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove carbon popers. Pagerwith the State Dept. of Health and Mental Hy line prior to burial, cremation, at removal. IMPORTANT: If them 21 is marked by them 8

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO		
		CEASED NAME PIRST	S Kottlei	well HOP	Kins	20 DATE OF DEATH	-18-84	26 HOUR
	3. SEX	Female	1. RACE White	5. DATE OF BIRTH	DAY - YEAR	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
2	m	anuland	76. CITIZEN OF WHAT COUNTRY	MARRIED N	EVER MARRIED DIVORCED	Anne F	Irunde	1 Co., MD.
2	A	nnapolis	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVESTREE PRUNCE	1 General	LI Hospital	TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	ND OF BUSINESS OR TRY
2	130 5	TATE 136 COUN	2 / 11/1	olis YES]		306-G 1	or des	Street
		John	MIDDLE Kettlewe	11	Mary	BJDDIR	Joi	den
	16a W	VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 216-03-	1260 J	ohn H.H	lopkins T	V- J	ne 03 £13
1		PART I. DEATH WAS CAUSE	ly one cause per line forgio), (b), and BY: 'E CAUSE (a)	nd icia Ma			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOL	scherate e	ardistosci	ilav-Ylnak	idis (4rs.
	NOI	PART 2 OTHER SIGNIFICANT C	conditions contributing to	DEATH-BUT NOT RE	LATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN IN PAR	II lio
	CERTIFICATION	19a DATE OF OPERATION /	19b. CONDITION FOR WHICH	H OPERATION WAS	PERFORMED	200 AUTOPSY? YES □ NOX	20b. IF YES, WERE FIL IN CERTIFYING CAU YES [
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	DAY YEAR		ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAR	T 2)
	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET TO THE TOTAL TOTA	CITY OR TOW	OUNT	Y STATE
		saw the deceased alive on, obove, (I) (we) (did) (did no	tol) attended the defeased from 196 1) view the body after death.	ond that i		, to/// death accurred on the dat		
		27b. SIGNATURE	I while he	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF	F_ //	15/2/
		Dichard N	1. Peelen M	.D. 51	Frank	lin St, A	nnapolis	M DZINO,
	8	DLC OL	73b. DATE 73c	St. Mana	arets	Anna po	IS AF	cim .f
	la	ineral director Whor Funer	al Chapelore A	nnapolis	2,00	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIG	10 - d - 00



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

R	EGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	Bride.		EST	
	ASED NAME	FIRST	-	MIDDLE	ı	AST	2a D		ONTH DA	AY YEAR	Zh HOUR	
{TYPE OR	PR (N1)	EVA	nmn		HUTCH	ENS		NOVEMBER	23,	1984	635 AM	
3. SEX			4. RACE	Made and	5 DATE C		6 AC	E (IN YEARS LAST BIRTHD		FUNDER 1 YEAR	IF UNDER 24 HRS	
fe	emale		whit	ce	Sep			79	YRS			
70 BIRTH	HPLACE (STATE OR	FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BA	LTIMORE CITY OR	COUNTY	OF DEATH		
MI	ACT I		USA	4	WIDOWE			ANNE ARI	INDEL	COUNT	Y MD.	
10 CITY	OR TOWN OF DE	ATH		-	IG HOME C	R OTHER INSTITUTION	12a 1	USUAL OCCUPATION			F BUSINESS OR	
_	LEN BURN		NORTI	ARUNDEL	HOSP	ITAL		nousekee		self	emp.	
USUAL I 130. STA		13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	? 13e.S	TREET ADDRESS / Z	IP CODE			
Mar	yland	A.A		Glen Bu		YES NO X		13 Hospita		ive	21061	
14 FATH	IER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN		WIDDLE		LA!		
	FIK51		NKNOWN			FIRST	(U)	NKNOWN)				
	S DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDSESS	vern	a Par	k, MD	
	NO		XXXXX	215/18/	9834	Ronald Su	ıski					
18	PART I. DEATH V			r line for (o), (b), an	dicil	10:1	7			BETWEEN	ON'S T AND DEATH	
		IMMEDIAT	CAUSE (a)	respire	ren	y face	unc	?		1-	m.	
			DUE TO, O	R AS A CONSEQUE	ENCE OF	+ /				80		
	Conditions, if ony		(b) 7	been	al	Janus	0			120	wday	
	couse (a), stati	stoting the DUE TO, OR AS A CONSEQUENCE OF									-	
-	underlying couse lost. (c) Let Celebro Macrilar accident											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
ē _			peu	phera	1	ascula		disea.				
CERTIFICATION	DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	IN FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO				
21	10. ACCIDENT WAS UN	IDERLYING	21b. TIME C			21c. HOW INJURY OCC			N ITEM 18 PAI	RT (OR PART 2)	<u> </u>	
	OR CONTRIBUTING		in .	M. MONTH D								
1 × -	INJURY OCCUR		_	.M. OF INJURY	19	211 LOCATION						
	WHILE NOT W	HILE		REET, FACTORY, OFFICE F	ARM ETC)	STREET		CITY OR TOWN		COUNTY	STATE	
22			100	ne deceased from	10 -1	7- 19_6	44.	- 11 23		9	that (I) (we) last	
	sow the decea obave, (1) (we)	sed alive on,	view the body	ofter death.	. 01	nd that in (my) (aur) opine	ion death	occurred an the date	and hour	and from the	causes stated	
27	26. SIGNATURE			1	1	DEGREE	-15			22c. DATE	SIGNED	
0	Kai	ti	KA	es dence	un	ATTENDING PHYSICIAN	ME N DIR	DICAL STAFF ECTOR PHYSICIA	N	11/2	3	
27	220 PHYSICIAN'S NAME (TYPE OF PRINT)					120 ADDRESS 200 HOSPITAL DRIVE						
	RANI S	. KAR	IPINENI	, M.D.		GLEN BU	URNIE	, MARYLAN	D 21	061		
23e BUR	RIAL, CREMATION	, REMOVAL	23b DATE	23€ 1	NAME OF C	EMETERY OR CREMATOR	RY 23	Id LOCATION CITY OF TOWN		COUNTY	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

er this certificate has been signed by the atten-the burial-transit permit. Then please remove a and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is marked or Item 18 sha

should be detached for use as the b TO FUNERAL DIRECTOR:

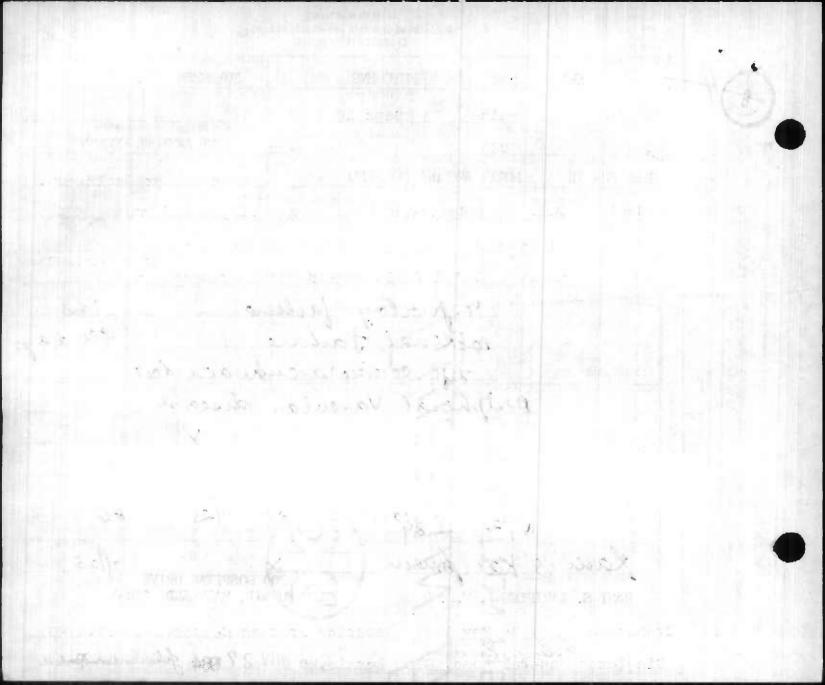
24 FUNERAL DIRECTOR

Security Process Catonsville Balt MD

150 DATE REC'D BY REGISTRAN 256 REGISTRAN'S SIGNATURE

1 Burnie, MD NOV 2 7 384 Julia Javidson Pendere Cremation 24 Nov 1984

Singleton Funeral Home, Glen Burnie, MD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

90

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH CERTIFICATI	AND MENTAL HYG	REG. NO	290	3 3	
1	I. DECEASED NAME FIRST	WIDDLE	LAST				EAR 26 HOUR	_
	CYNTH	HA LOUISE	JACKS	SON		11-30-8	4 90	AM
	3. SEX	4. RACE	5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRT		TYEAR IF UNDER 2	4 HRS
5	Female	Caucasian		2 50	34	YRS	DATS INCORS	M.N.
	70. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED D	EVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	TH	
1	Virginia	U.S.A.	WIDOWED	DIVORCED X	Anne Arun			MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ER INSTITUTION	120. USUAL OCCUPATION		IND OF BUSINES	SOR
1	Annapolis	Anne Arundel	General	Hospita:				cess
-	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 134. CITY OR TOW		SIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
d	Maryland A	A.A. Glen B	urnie YES			ton Pl.	21061	Md.
4	14 FATHER'S NAME	MIDDLE LAST	15. MC	THER'S MAIDEN NA	ME		1AST	
1	Everrett	M. Phill	ips	Verda	I.		Herr	
	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 IN	FORMANT	ADDRE	SS		
	no	219-54-	3934 Day	vid Harr	is 895 Bri	ghton P	1. 2106	51 Md
	PART I. DEATH WAS CAUS	only one cause per line for (o), (b), on SED BY ATE CAUSE (o)		react c			APPROXIMATE INTERVITIVE ON SET AND D	ELIH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO I	ENCE OF	ELATED TO THE TERM	inal disease or cont	DITION GIVEN IN P	ART Ito	
	Z							
-	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I IN CERTIFYING CA YES		1?
1				OW INJURY OCCUR	RED (ENTER NATURALINAUR	THE ITEM IS PART I ORP	ART 2)	
	OR CONTRIBUTING CAUSE DED OR CONTRIBUTING CAUSE DED	21e PLACE OF INJURY (AT HOME, STREET, FAGGORY, OFFICE F		OCATION STREET	CITY OR TO	wn (Out	NTY ST	ATE
	AT WORK AT WORK	TAT HOME, STREET, FACTOR TOPPICE P	ARM, EJC.,	m1/		30 1	1.7	
	sow the deceased alive a	pitol) ottended the deceased from	AUB US	in (my) (our) opinion	, todeath accurred on the do	ite and hour and fro	, that (I) (w	
	22b. SIGNATURE	E. Geloville	DEGRE	ATTENDING PHYSICIAN	STAF	F	DATE SIGNED	f
	STUDY	E. Sclonia,	ULD 220 A	DDRESS Frai	Milia St.	Auua	polis	

23e. BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Park

23d. LOCATION Glen Burnie A.A.

Md.

24 FUNERAL DIRECTOR

Glen Burnie, Md. 21061 Raymond C. Fink

12/3/84

23b. DATE

150 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE dia Davidson-Randelle

BP

he burial-transit permit. Then pland Mental Hygiene prior ta bur

AAPORTANT: If the

The second secon to bit of sold distances and fadius distance. Interest to be a file of the contract of the con

FOR STATE REGISTRAR DEPAR

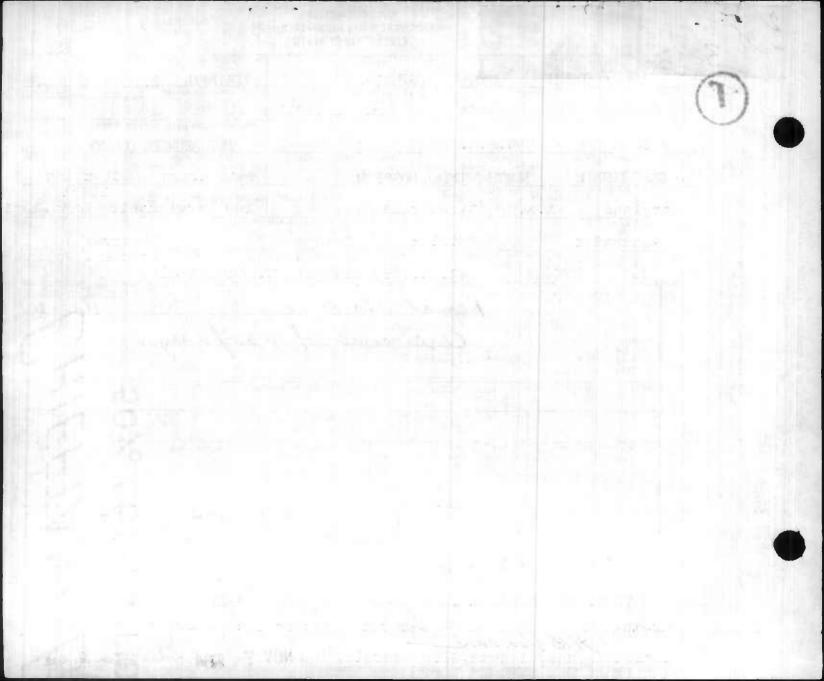
STATE OF MARYLAND		0	0	23		1
TMENT OF HEALTH AND MENTAL HYGIENS	the	La	7	U	0	d'un
CERTIFICATE OF DEATH		DEC NO				E

Julia Davidson-Randale

-0		REGISTRAK							REG. NO.				EO.	
1		CEASED NAME FIRST		WIDDLE	LA	.\$1		20. DATE OF	DEATH M	HINO	DAY	YEAR	26 HOU	R
		SOPHIE	NI	MN J	AKUBII	3C		NOV	EMBER	2.	198	4	500	ДММ
	3 SEX		4 RACE		5. DATE O			6 AGE INY	EARS LAST BIRTH	DAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.
		Female	Wh:	ite	Dec	. 13,	1912	71		YRS.				
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	□ NEVER MA	ARRIED -	9. BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH		
l_i		oland	U.S		WIDOWE	DIVO	ORCED 🗌	ANI	Total Action Control	NDEL	COU	-		MD.
L		TY OR TOWN OF DEATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET		R OTHER INSTIT	UTION	TYPE OF WORL	OCCUPATION FOR MOST OF V	WORKING L	FE) INDI	JSTRY	FBUSINE	
Ļ	-	LEN BURNIE	NORTH	The second control of the second seco	HOSPIT	AL		Seam	stres	SS	C		hing	1
6	13e. S	TATE 136 COUN	YTY	13c. CITY OR TOW	N I	13d INSIDE CIT		13e STREET	ADDRESS /	ZIP COD	E	210		7 1
6	_	ryland A	.A.	GlenBur	nle	YES	40 K		Warw	LCKS	SILLI	e I	ane	Apt
$^{\prime\prime}$	15.	FIRST	MIDDIE	C i - 1 - 1	1	FI	RST	NE.	MIDDLE	C+	a a le	LASI	1.0	
-		Alexander VAS DECEASED EVER IN U.S. AR	MED FORCES	Smialek		Soph 17 INFORMAN	1e	~	ADDRES		szk			l a m d
ı		ES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)									dw,	PO	land
'n		No No		042.42.		wraby	SIA W	. Aug	ustyi	llak		APPROXI	MATE INTER	IVAI
		PART I. DEATH WAS CAUSED BY									BE	BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE (0) Leval faillile.										16	cec	&
			DUE TO, O	R AS A CONSEQUE	NCE OF		21 00	0/2	DI. a.	0				
		Conditions, if ony, which gove rise to immediate	(p)_	Cuc	ino	WCA I	T A	MAG	3 MM	yn	X -		69	
		couse (a), stating the underlying couse lost	DUE TO, O	R AS A CONSEQUE	ENCE OF		U			0				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To												
	NO.													
-	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH						
1	STIF							YES NO YES NO						
7		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4		AY YEAR	21t. HOW INJ	JRY OCCURR	ED (ENTERNA	TURE OF INJURY	IN ITEM 18	PART I OR F	PART 2)		
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.м.	19									
	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION	1		CITY OR TOW	N	COU	YTMI	S	TATE
		AT WORK NOT WHILE AT WORK					0 /					-		
		220.1 certify that (I) (this hosp	4. 1.	ne deceosed from_	291		19 8-6	10	-0		19_	7	that III (v	
		sow the deceased alive on above, (1) (we) (did) (did no	t view the body	ofter death		d that in (my)	our) opinion d	Jeoth Occurre	d on the dot	e ond ho				ited
		22b SIGNATURE	01/	. / -		DEGREE	TENDING	MEDICAL	STAFF				SIGNED	004
		PHYSICIAN DIRECTOR PHYSICIAN NOV 2, 1984										984		
		224 PHYSICIAN'S NAME (TYPE O	JK PKINT)			22e ADDRESS	200	HOSPIT	TAL DR	IVE				
_			PINENT	M.D.	14445 05 6	CLEV			YLAND	210	61			
	-1	SPECIFY)				+ SZ Dro		T	ORTOWN	nevi	TOUNT	٧	MD	FAIE
	74 FI	remation	1/1000	,1984 Se	- Curi	cy PIC	250 DATE	LINC EREC'D. BY R	Cato			•		
	Sin	ngleton Fune	cal Hor	ne Glen	Bur	nie,MD	NOV	17	704	Lesia	Davids			1 0
	P - 1	and a contract and a	1101	, 0 - 011	- ~-		1104			,	140	-1 N	-True	Ke

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending is should be detached for use as the buriol-transit permit. Then please remove corbon with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or rem IMBORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic ex



certificote

death

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

FOR - STATE and completely litted in by the twentil di loces I and I should be filed within 72 ha

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE "

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9	9		3	3
dia		120	-	-

	REGISTRAR			ICATE OF DEATH	REG. NO		EST'		
	DECEASED NAME FIRST MIDDLE TYPE OR PRINT)			AST	20 DATE OF DEATH	AONTH DAY YE	AR 25 HOUR		
(148	BETTY	JOAN	N JOHNSON		NOVEMBER	2 1084	ODIG AMM		
3. SE		4 RACE	5. DATE C		6 AGE IN YEARS LAST BIRTH				
	remale	White	Month Jan	0 0 0000	49	YRS MONTHS D	AYS HOURS MIN.		
7a B	SIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WH.	AT COUNTRY? B.	14	9 BALTIMORE CITY OR	COUNTY OF DEAT	Н		
	COUNTRY) W. Va.	USA	WIDOWE	DA NEVER MARRIED DIVORCED	ANNE ARUN	DEL COUNT	Y MD		
10 0	TITY OR TOWN OF DEATH		PITAL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATIO		ND OF BUSINESS OR		
G	LEN BURNIE	TOTAL PRINTS ASS.	UNDEL HOSPIT	AL	Home aker		п Ноше		
	STATE 136. CC		CITY OR TOWN	1 13d INSIDECITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	2101-1		
		ne Arundel	Glen Burnie	YES A NO	8273 Kran	er Coure	1001		
14. F	ATHER'S NAME FIRST	WIDDIE	LAST	IS, MOTHER'S MAIDEN NAM	ME		LAST		
4	James	A .	Landes	Thelma		Fle	ling		
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	S Glen Bur	nie, Md.		
		one 2	33 50 3560	mr. Lloyd Jol	hnson,8273 K	ramer Cou			
	18 CAUSE OF DEATH (Enter	BETY	PROXIMATE INTERVAL VEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A ho								
	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if ony, which (b) Danlinnin of lares								
100	gave rise to immediate cause (a), stating the								
	cause (a), stofing the underlying cause lost. (c) DUE TO, OR ASJA CONSEQUENCE OF GALLBladder likely								
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
100	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 700 IF YES, WERE FINDINGS USED								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
	11 10	1 cena	coo de goo		YES NO	YES	NO 🗌		
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN TEM TO PART TORPAR	1 2)		
CAL	(IF EITHER, NOTIFY MEDICAL EXAM	INER) P.M.	19						
MEDICAL	VHILE NOT WHILE	21e. PLACE OF I	NJURY FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n COUNT	Y STATE		
	AT WORK AT WORK			5, 6,	4 11 -	84			
	270 1 certify that (1) (this haspital) attended the deceased from p. 41 19 19 19 19 19 19 19 19 19 19 19 19 19								
	saw the deceased alive an								
	THE SIGNATURE	11	1101	DEGREE ATTENDING	MEDICAL STAFF	100	ATE SIGNED		
	/	7/1	1003	PHYSICIAN T	DIRECTOR PHYSICI		1-6-17		
	236 PHYSICIAN'S NAME IT	A CH MINIT		The ADDRESS 300 F	HOSPITAL DRI	VE, SUITE	134		
	SERGIO V. AL	VAREZ, M.D.		GLEN BURNII	E, MARYLAND				
23a	BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	, county	TE STATE		
	Burlai	Nov.5,19	64 Potomac	Mem. Gardens	Keyser	mineral	W.Va.		

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carban papers. Pages it with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shaws any Injury, ar other traumatic event, the medical

TTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the haspital or attending physician

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashoold be detached for use as the burial-transit permit. Then please remove carboopapers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

Y	10	FOR STATE REGISTRA	46
		REGISTRA	41

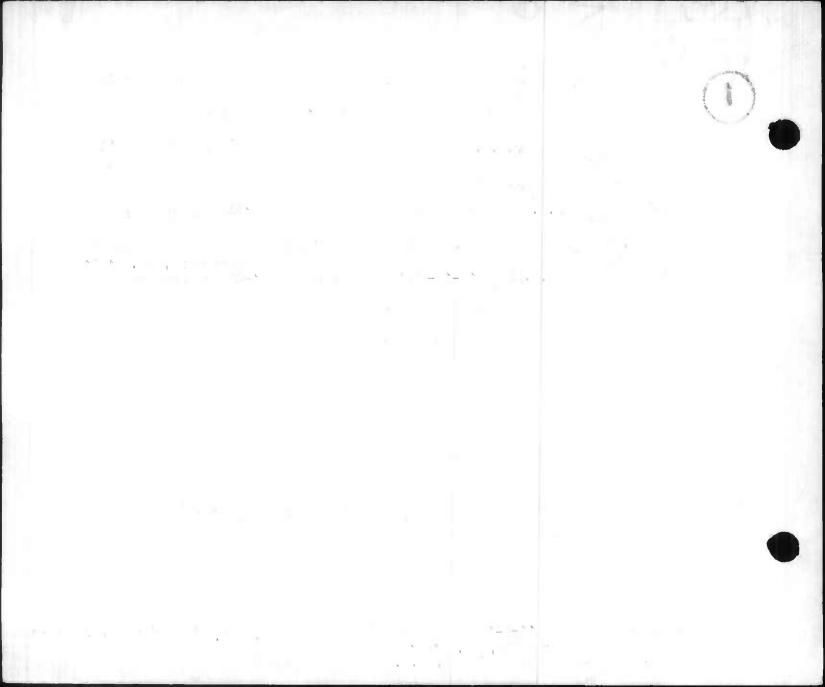
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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(Flate		4		-

REGISTRAR		CERTITI	CAIL OI DEATH	REG. N	Э.		
1. DECEASED NAME FIRST	MIDDLE	LA	ST		MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) JAME	S W.	To	houseal		11 - 3	- 84	49
3. SEX	4. RACE	5. DATE O	FBIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	# UNDER 24 H
m	R	MONTH	3 18	106		NTHS DAYS	HOURS MI
BIRTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTR	Y? 8.		9. BALTIMORE CITY C	R COUNTY O	F DEATH	
COUNTRY)		MARRIED	XX NEVER MARRIED				
MARYLAND 10. CITY OR TOWN OF DEATH	U.S.A.	MIDOWEI	The state of the s	ANNE ARUI		UNTY	F BUSINESS
	(IF NOT IN SUCH FACILITY, GIVE STR		COTHER INSTITUTION	(TYPE OF WORK FOR MOST C			P BUSINESS
ANNAPOLIS	A. A. G.	4					
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COL	NTY 13c CITY OR TO	I NWC	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP CODE Inn Ro	ad	401
14 FATHER'S NAME	MIDDLE LAST		IS. MOTHER'S MAIDEN NA	ME MIDDLE		ŁAS	
JOHN	JOHN	SON	MARY			ATTEN	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	Annapol	SS Ma	24/104	
	.W.II 212-16-	4047	MARY JOHNSON	1448 Log]	Dan Dan	~[40]	
	anly one couse per line for (a), (b),		THE TOTAL STATE OF THE STATE OF	THANG TON	THE ROS	APPROX	MATE INTERVAL ONSET AND DEA
PART L DEATH WAS CAUS	ED BY:	Lalne				BETWEEN	elas
IMMEDIA		1					
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC		yenlasne lo	, ,	J		
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING T			200 AUTOPSY? YES NO	20b. IF YES, V	WERE FINDIN	
21a. ACCIDENT WAS UNDERLYING	LIGHT A AL ALONITH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I OR PART ?)	
OR CONTRIBUTING CAUSE OF D	AIR	19					
(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E EARL ETC.)	211 LOCATION	CITY OR IC	WN	COUNTY	STATE
WHILE NOT WHILE AT WORK	TAT TOME, STREET, TACTORY, OFFIC	L. I ARM, LIC J		/ / -			
220 I certify that (I) (this has	oital) attended the deceased from	n <u> </u>	19	10/10	, 19		that (I) (we)
saw the deceased alive a above, (1) (we)(did)(did)	nd Irom the	couses stated					
22b. SIGNATURE	A view tile body offer deoffi.	EGREE			22c DATE	SIGNED	
1/3	<	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN () // /3 /54					
// /	1						
224 PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN L 22e ADDRESS	DIRECTOR PHYSIC	.IAN .	/_	1
224. PHYSICIAN'S NAME (TYPE	OR PRINT)			JOINECTOR PHYSIC	.IAN	//	
			22e ADDRESS			//	
23e. BURIAL, CREMATION, REMOVA	t 23b. DATE 23	Be. NAME OF CE		23d LOCATION CITY OR TOWN		COUNTY	STATE
230. BURIAL, CREMATION, REMOVA BURIAL	11-7-1984 //	SBURY	22e ADDRESS METERY OR CREMATORY BROADNEGK CHEM	234 LOCATION CITY OR TOWN THE CLASSICAL MACENTAINS CALLER MACENTA	gartes	A.A.	Mary
236 BURIAL, CREMATION, REMOVA BURIAL 24 FUNERAL DIRECTOR Ann	t 23b. DATE 23	ASBURY 1	22e ADDRESS METERY OR CREMATORY BROADNEGK CHEM	23d LOCATION CITY OR TOWN	gartes	A.A.	Mam

DHMH - 16 50M 4/83

(VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illied in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	9	U	3	1

1 -	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO		EST	
	CEASED NAME FIRST	MIDDLE	ŁAS		20. DATE OF DEATH	NONTH DAY YEAR	26 HOUR	
liter	Annie ISABEI	LLE HOWE .	JONES		NOVEMBER	29, 1984	0920 PM	
3 SEX	Female	RACE White	5. DATE OF	BIRTH 1905	6. AGE (IN YEARS LAST BIRTH	MONTHS DAY		
		Th CITIZEN OF WHAT COUNTRY?	2		9 BALTIMORE CITY OR	COUNTY OF DEATH		
5	Manyland	U.S.A.	MARRIED	NEVER MARRIED DIVORCED	_	RUNDEL COUN	NTY MD.	
10 CI	TY OR TOWN OF DEATH GLEN BURNIE	NAME OF HOSPITAL, NURSIN INF HOT INSUCH FACILITY GIVESTIRET NORTH ARUNDEL	G HOME OR HOSPI		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF THE		OF BUSINESS OR	
139.5	STATE , 136 COUN	other institution give residence before TY Arundel Pasader 2 Arundel Pasader	ra	34. INSIDE CITY LIMITS? YES NO 🌁	13e.STREEDADDRESS /	zip code sapeake Ro	ad 2112	
14 FA	Thomas	Howe Howe	1	S. MOTHER'S MAIDEN NA Mary	WIDDLE	Fanta	A	
	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECUL WAR OR DATES) 217–16–50		1 INFORMANT Thelma	Brown 1838 (1 0030000		
	18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one couse per line for (o), (b), and	dieu en m	culor as	11:4. 4	APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH	
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPE				20a AUTOPSY?	UTION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHITE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE	
220.1 certify that (1) (this haspital) attended the deceased from								
	sow the deceased alive on, above, (I) (we) (did) (did nat 22b. SIGNATURE	newheten	DE 2	ATTENDING PHYSICIAN	MEDICAL STAFI	221 DA	the couses stoted ITE SIGNED	
				/ (845 OAKWOOD I	,	10/	
		SBITERO, M. D.	14445.55.55		RNIE, MARYLAI	ND 21061		
230 B	BURIAL CREMATION, REMOVAL	12/3/84 Me	adowni	dge l'em. Pan		Howard	Maryland	
	UNERAL DIRECTOR OUNGELL CO	illy funeral from	e of ladeha	asaae117 2250. DA	TE REC'D. BY REGISTRAR 2	56 REGISTRAR'S SIGN	ATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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The state of the s TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other traumatic event, the

medical

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE -3 CERTIFICATE OF DEATH

ι	11	REGISTRAR				REG. N			
I		TASED NAME MARYON	Dale	J.	DIPCS		1/ 6	79 84	5124 M
I	1 56)	Female	White.	5. DATE OF	BIRTH GAY	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS MIN.
Ì			Th CITIZEN OF WHAT COUN	TRY? 8.	☐ NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1	N	Y70KW	USA	WIDOWED		- LI MARKON ALMON	zun	de	MD.
	fr	wapon	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH EACHTH, GIVE:		OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST C			F BUSINESS OR
I		AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	TY 13c CITY OR	TOWN	31 INSIDE CITY LIMITS	13 STREET ADDRESS	ZIP CODE	011	37
		Woseph	WIDDLE DO	ley	5. MOTHER'S MAIDEN	nknown		LAST	
	16a W	VAS DECEASED EVER IN U.S. ARI VES NO PRUNKNOWN) (IF YES, GIVI	wed FORCES? 166 SOCIAL (SWAR OR DATES)	SECURITY NO. 1	Menced	les V. Layr	10 -	Same	3
ľ		18 CAUSE OF DEATH (Enter on	y one couse per line for 191, (I	b), and (c).)	4			BETWEEN	MATE INTERVAL
ı		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PRUMO NLO							Heks
	H	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONS	SEQUENCE OF					
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF					
	NOI	PART 2 OTHER SIGNIFICANT O	e Bray	Syndro	ot related to the t	ERMINAL DISEASE OF CON	DITION GIVI	EN IN PART 110	
	CERTIFICATION	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH C			WAS PERFORMED	YES NO		, WERE FINDIN YING CAUSES (S	
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART FOR PART 2)	
I	MEDICAL	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (A1 HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (1) this hospit sow the deceased alive on above (1) (vie) (did (did no	. 1111		that in (my) our) opin	onion death occurred on the d	ote and hou		that (1) we) lost
ı		22b. SIGNATURE	view the body offer death.	DE	GREE			22c DATE S	SIGNED
		CWC	olem			MEDICAL STA	FF CIAN [11/9	184
		E. W. Ci	DLE III		51 FRAN		ANNA	APOUS	Md.
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CE	METERY OR CREMATO	23d LOCATION		COUNTY	STATE
1	1	Jurial	1797121701	Lorr	ame	Raltim	ore	Dallo.	

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or attending physician.

Sunta 24 FUNERAL DIRECTOR Tunera

Baltimore Balto Mi CD. By REGISTRAR 25b, REGISTRAR'S SIGNATURE 1 5 1984 Junia Javidson-Handale NOV 1

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The state of the s

	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND	MENTAL HYG		REG. N) ()	3	EST
ì	I. DECEASED NAME	FIRST	A	AIDDLE	Ł.	AST		20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR
	(1.12 0.11.11)	FRANK	1	D	KEENA	N		I	OVEMBE	R 1	5, 1	984	1151 P
	3. SEX	4	RACE		5. DATE C		WEAD	& AGE	IN YEARS LAST BIR	THDAY)	MONTHS	DER I YEAR	IF UNDER 24 HRS
,	Male	100	Cauc	asian	9	3	1919		65	YRS		DATS	MIN.
J	70. BIRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	X NEVER	MARRIED -	9 BALTI	MORE CITY C	R COUN	TY OF D	EATH	
ŀ	Pennsylvan	ia	U.S.	A.	WIDOWE		ONORCED		ANNE A	RUND	EL C	CUNT	Y MD
-	GLEN BURN			HOSPITAL, NURSIN H FACILITY, GIVE STREET ARUNDEL			STITUTION	(TYPE OF V	AL OCCUPAT VORK FOR MOST O		LIFET IN	DUSTRY CLEE	F BUSINESS OR
)	USUAL RESIDENCE (IF NUR. 130 STATE	136 COUNT	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Severna	'N	13d INSIDE	CITY LIMITS?	13e STREE	T ADDRESS			ive	21146
1	14 FATHER'S NAME FIRST Francis	м	IDDLE	Keenar	n n		rsmalden na/	ME	WINDSE			Tat	e
	160 WAS DECEASED EVER (YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES!	166 SOCIAL SECU		17 INFORM		an 2	ADDR		nd I	or.	21146
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter only VAS CAUSED IMMEDIATE	BY:	line foy (g), (b), and	unla	Fi	anilla.	1_			1	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any		DUE TO, O	Sypotes	ENCE OF	Arte	rusile	to	Head	Du	- 1	250	sol
	cause (a), statii	gove rise to immediate cause (a), stating the underlying cause last. DUE TO CRUS A CONSEQUENCEDED AND MAJO. Myo. Mounts 1960											
	PART 2 OTHER SIG	NIFICANTO	to Mu	ONTRIBUTING TO	DEATH BUT	NOT RELATI	D TO THE TERM	INAL DISE	ase or con	DITION	GIVEN IN	PART 110	3
0	198 DATE OF OPERA	TION	1%. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 A	UTOPSY?				OF DEATH?
7	218. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT	77		AY YEAR	21c. HOW	INJURY OCCURE	RED (ENTE	R NATURE OF INJU	IRY IN ITEM I	8 PART I O	RPART 2)	

211. LOCATION

CITY OR TOWN

COUNTY

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

THE PHYSICAN S DIAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

saw the deceased alive on

21d INJURY OCCURRED

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN 3455 WILKENS AVENUE

M.

220 I certify that (I) (this tiospital) attended the deceased from

BALTIMORE 230 NAME OF CEMETERY OR CREMATORY Meadowridge Park

DEGREE

Elkridge

Howard

Burial 24 FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md. 21061

11/20/84

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached far with the State Dept. of

MPORTANT

or Item

Tale Canasaian 9 3 11.5 A S U sins ivers Indian Analysis Indiana Analysis (Analysis) ILLE OVERE SI L' STERVE L' L'AL STERVE L'AL STERVE י בי בי בי דור י בי בי דור י 2.3

MILE SKISHES M.J. LETTINGEL MARYLAND 21229

5. I. 2. 11. 100 / 1. cs cir. 1

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STATE OF MARYLAND

FOR STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
1. DECEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH	HINOM	DAY YEAR	2h HOUR
	LOMER		AVID	KI	ELLEY		NO	v. 28	, 1984	8:20A
3 SEX		4. RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BE	RIHDAY	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
MALE		WHITE		MAY	01	1904	8	O YRS		
70. BIRTHPLACE (STA	M. M.			MARRIE WIDOWE		MARRIED	P BALTIMORE CITY OF			MD
10. CITY OR TOWN O SEVERN	OF DEATH 11. NAME OF HOSPITAL, NURSING HOM (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			ADDRESS)		HONTUTIT	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST MINISTE	OF WORKING		elist
USUAL RESIDENCE (*) 13a STATE MD	13b COU		GIVE RESIDENCE BEFORE 134 CITY OR TOW SEVERN		YES 🗌	NO X			DE A RD. 21	144
14 FATHER'S NAME LEWIS	5	WIDDLE	KELLEY	7		S MAIDEN NA EIRST RTEALY	WIDDLE		BAYES	
160 WAS DECEASED (YES, NO OR UNKNOW NO		VE WAR OR DATES	236/01/0		SHEIL	A Y. AC		ESS Sev ! Ill	vern 2114 inois A	44 ve.
18 CAUSE OF I PART 1. DEA	TH WAS CAUS	nly one couse per ED BY: (TE CAUSE (o)	line for (a), (b), an	upul	nine	ann	est		11	MATE INTERVAL ONSET AND DEATH
Conditions, if gove rise to couse (a), underlying	ony, which immediate stating the	DUE TO, O	RAS A CONSEQUE	all	l car	cenon	a ef lun.)		
PART 2 OTHER			ONTRIBUTING TO				NINAL DISEASE OR COM	20h IF Y	EIVEN IN PART II VES, WERE FINDIN	NGS USED

19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION	N WAS PERFORMED	200 AUTOPSY? 20h IF YES, WERE FINDING IN CERTIFYING CAUSES O				
				YES 🗌	NO	YES 🗌	NO	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY		21c. HOW INJURY OCCURRED) (ENTERNA	ATURE OF INJU	IRY IN ITEM IB PART T OR PART 2)		
(IF EITHER, NOTIEY MEDICAL EXAMINER)	P.M.	19						

21d INJURY OCCURRED III LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, EACTORY, OFFICE, FARM ETC.) STREET NOT WHILE

220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on bove, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED 22h. SIGNATUR DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 6 Floor C 604

DR. ARON BEF	RKMAN	SOUTH BALTIM	ORE GEN. HO	OSP. BALTIMO	RE,MD.
30 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BURIAL	NOV.30,1984	MEADOWRIDGE MEM. PK.	ELKRIDGE	HOWARD	MD.

24 FUNERAL DIRECTOR

PK. MD. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

GLEN BURNIE, MD. SINGLETON FUNERAL HOME

(VRA 15, 4)

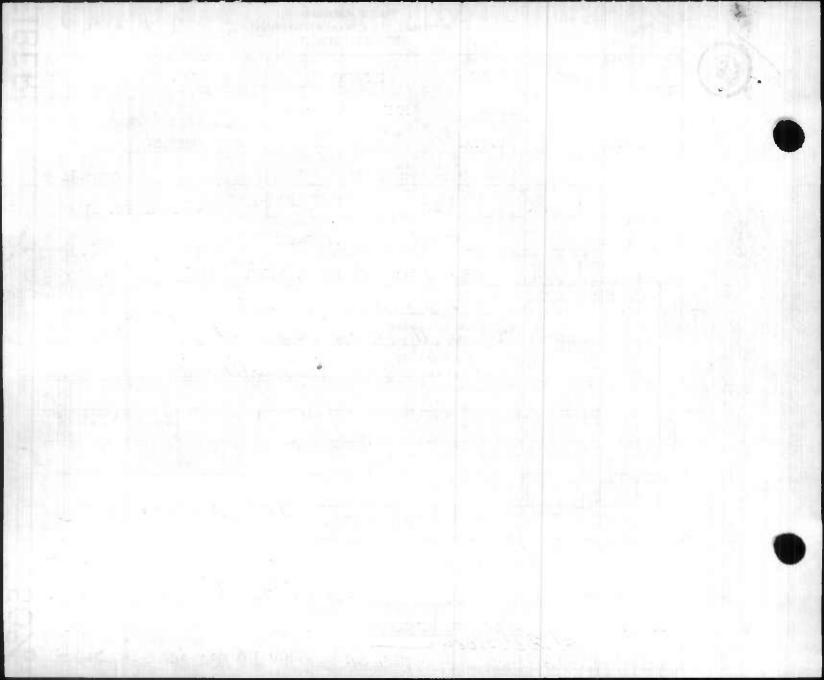
CERTIFIC

orked or Hem

MPORTANT: If Hem 21 is

should be detached with the State Dept

DHMH - 16 50M 4/83



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

etained by the hospital or attending physician.

_		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	0	13	4	-
2	9	0	200	

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
NOV 7 TRA Julia Davidson-Randelle

	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO		
	I. DECEASED NAME (TYPE OR PRINT)	beth Leng	ra KKINS	EY	20 DATE OF DEATH W	ONTH DAY YEAR	3 HOUR
	FEMELE	Cau.	5. DATE OF BIRTH	DAY - 1894	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	R IF UNDER 24 HRS
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) OHIO	76 CITIZEN OF WHAT COUN	MARRIED N	IEVER MARRIED DIVORCED	AA CO.	COUNTY OF DEATH	MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHE STREET ADDRESS!	CE NIER	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
)	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NTY 134 CITY OR GIEN	BUINE YES		130 STREET ADDRESS		21061 Cle
	John	Helm	is	Rachel	MIDDLE	Mille	er
	160 WAS DECEASED EVER IN U.S. AR			Earl F. H	Kinsey (so	n) same a	as 13
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEOSENCE OF	diso	ule INAL DISEASE OR CONDI	ITION GIVEN IN PART 1	a.
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS	PERFORMED	200 AUTOPSY? NO. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO. NO.		
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22e 1 certify that this hospi sow I ha deceased alive on above. (I) (we) (did (did no 27b. SIGNATURE 22d. PHYSCIAN'S NAME (TYPE C	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OI attended the deceased for the d	FFICE FARM ETC.) 211 CO rom	OCATION STREET , 19 in (hy) (our) opinion d ATTENDING PHYSICIAN DDRESS	CITY OR TOWN CITY OR TOWN CHOP OF MANURE OF INJURY CITY OR TOWN CHOP OF MANURE OF INJURY CITY OR TOWN CHOP OF MANURE OF INJURY CHOP OF THE MANURE OF INJURY CHOP O	e and hour and fram the	STATE , that (we) last
	230 BURIAL, CREMATION, REMOVAL BURIAL	8 Nov. 198	231 NAME OF CEMETER 4 Meadowr	Y OR CREMATORY	23d. LOCATION		A MD ^{ate}
	24 FUNERAL DIRECTOR	colle.	DF4.5	250 DATE	REC'D. BY REGISTRAR 25	B REGISTRAR'S SIGNA	TURE

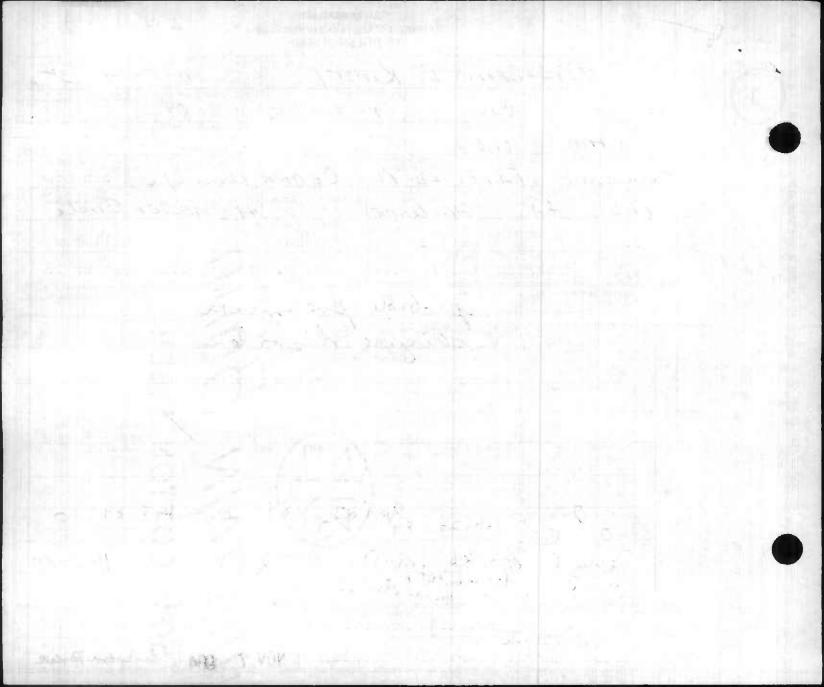
Singleton Funeral Home, Glen Burnie, MD

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral ishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 having the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

DHMH - 16 50M 1/B1 (VRA 15, 4)



campletely filled in the

executed within 24 hou

death certificate

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The

attending physicion

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etained by the hospital

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINAE

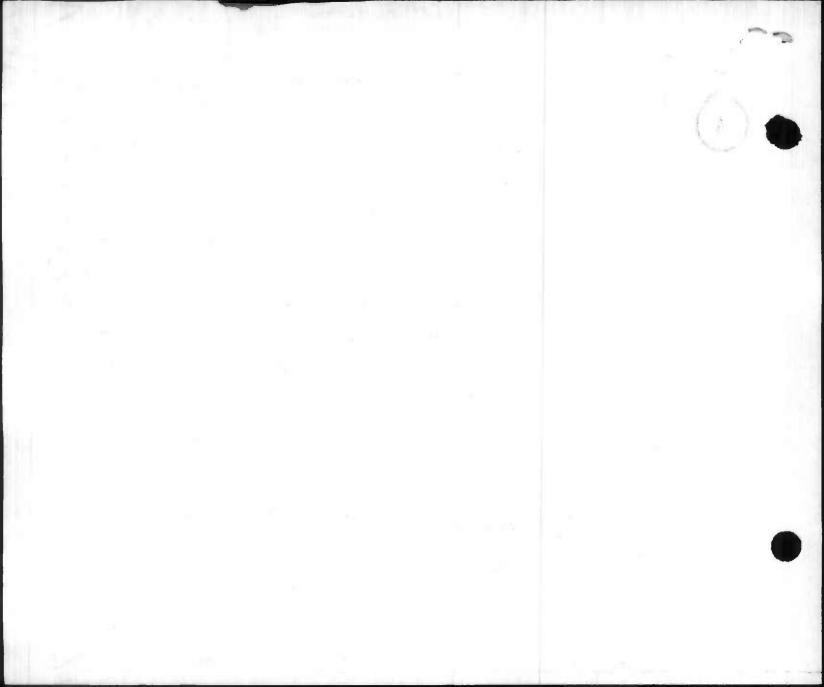
1.	FOR			EALTH AND MENTAL HY	GRAE "	
ı .	REGISTRAR		CERTIF	ICATE OF DEATH	REG NO.	
	CEASED NAME INST		310Ct #	AST .	20. DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
(1404	CORPRENT)	10.06	Potop Ki	PCHNER	11.79	7-84 504
d. SE	, 00	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 7.1 HRS
9.35	^	T. AACL	MONTH			NONTHS DAYS HOURS MIN.
	male	whit	e Aı	ig. 23,1934	1 50 YRS.	
	RITHPLACE (SINTEDEFORMAGE	76. CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Ar	n. Md.	U.S.A		_		1 Co. MD.
	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME C		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
		(IF NOT IN SU	CH FACILITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF WORKING LIFE	
ar	napolis	Anne	Arundel Gene	eral Hosp.	plumber	plumbing
USU.		ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	21/1/1
N	1a. /	A.A.Co.	Annapolis	YES NO		Rd. 401
	ATHER'S NAME			15. MOTHER'S MAIDEN N	IAME	
١.	FIRST	WIDDLE	LAST	FIRST	MIDDLE	Calaba
	Peter John	101150 5005550	Kirchner	Dorothe		Coons
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) [16 YES	S, GIVE WAR OR DATES)	100 SOCIAL SECURITY NO.	17 INFORMAIN	ADB 64 Be	
7	res		214-34-3698	Peter J.	Kirchner Ann.	Md.21401
	18. CAUSE OF DEATH (Ente	er only one couse pe	r line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	OARDIOPULMON	IARY ARR	EST	O MIN.
	IMME					
1			R AS A CONSEQUENCE OF	THE EXADDAR	WS AND LARYNX	20 YRS
	Conditions, if any, which gave rise to immediate	10/2				20 110.
	couse (a), stating the	DUE TO, C	R AS A CONSEQUENCE OF		-	WEEK
	underlying couse lost	_ (c)_	ACUTE RENT	L FAILURE		I WELL
1	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART I IO
N N	CIRRHOSIS	OF LIVE	ER 20 TO AL	COHOLISM		
CERTIFICATION	190 DATE OF OPERATION	19b COND	THON FOR WHICH OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED
문					YES TO NOT YES	YING CAUSES OF DEATH?
- E	21a ACCIDENT WAS UNDERLYING	21b. TIME C	OF INTITION	21c. HOW INJURY OCCU		ABT (OB 8487 2)
	OR CONTRIBUTING CAUSE O			216 HOW HOOK! OCCO	TENTER NATURE OF INJURY IN TEM TO P.	ART T OR PART 2)
3	LIF EITHER NOTIFY MEDICAL FXAM		.M. 19			
MEDICAL	21d INJURY OCCURRED		OF INJURY REET, EACTORY OFFICE FARM ETC.)	ZII LOCATION	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK		TELL, ENCTORY OFFICE THREE ETC.)			
	22a I certify that (I) (this is	oseitel) ottended ti	ne_deceosed from	127 19 8	4 10 11/29	19 7 , that (I) (ma) lost
1	sow the deceased alive	e on 11/29	184 19 84 0	nd that in (my) (our) opinio	in death occurred on the date and hour	and from the couses stated
1	obove, (1) (we) (did) (did	d not view the body	otter death.	DEGREE		22c. DATE SIGNED
	MICH DO	14 51		M ATTENDING	MEDICAL STAFF	11/20/500
1	14ben So	300 Eden		PHYSICIAN	DIRECTOR PHYSICIAN	111/20/89
1	224 PHYSICIAN'S NAME IT		1	22e. ADDRESS	11100 1110	
1	ROBERT S	COTT ED	EN, M.D.	703 GIDD	INGS AVE, ANHAP	045, MD, 2140
73e	BURIAL, CREMATION, REMO			EMETERY OR CREMATORY		
	SPEC IFY)				CITY OR TOWN	COUNTY STATE
-	Burial	12/	3/84 St Ma		Annapolis	A.A.Co. Md.
	UNERAL DIRECTOR		12 ADDRES Ridge	ly Ave. 250 D	ATE REC'D. BY REGISTRAR 251 REGIST	· · · · · · ·
2.2	ardesty Fund	eral Hom	eAnn. Md. 2	1401 N	UV 3 () 1884 Juhan	levidson gandalle

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or other traumotic event the

IMPORTANT: If Hem 21 is morked or Hem 18 shows any



STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR		CERTIFICATE OF DEATH. REG. NO.								
I. DE	CE ASED NAME	FIRST		MIDDLE	L/	AST		20. DATE OF DEATH MONT	H D	AY YEAR	26 HOUR
(TYPE	OR PRINT)	ILLIA	4 A	LBERT	KUHL			NOVEMBER	26,	1984	0815 PM
3. SE)	(4	RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY		FUNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
	MALE	7.8	WHITE	1	APRI		919	65	YRS.	ONIHS DATS	HOURS MIN.
	RTHPLACE STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? B	NEVER M		9 BALTIMORE CITY OR CO		OF DEATH	
	IARYLAND		II S	Δ	WIDOWE		ORCED	ANNE ARUN	DEL	COUNTY	MD
	TY OR TOWN OF DEA	TH 1			RSING HOME O	السا		120 USUAL OCCUPATION			F BUSINESS OR
	GLEN BURNI	E	NORTH	ARUNDE		TAL		TRUCK DRIVER	KING LIFE)		TRANSFE
	AL RESIDENCE (IF NURS	136 COUNT				1124 INICIDE CIT	V I IMAITE 2	13e.STREET ADDRESS / ZIP	CODE		
	ARYLAND	A.A		PASADE		13d INSIDE CIT	NO 🔯	8242 ELVATON		TVF 21	1122
-	THER'S NAME	A.A		LEADADE	IVA	15. MOTHER'S	3.5		DIV	LVL Z.	.122
	FIRST		IDDLE	LAST			RST	MIDDLE		LAS	
14	JOHN VAS DECEASED EVER		V.	KUHL 166 SOCIALS	ECURITY NO	IDA 17 INFORMAN	T	ADDRESS		BOWER	
	res, no or unknown)		WAR OR DATES)	100 SOCIAL S	ECURIT NO.	I INFORMAL		F		-	Maryland
	YES	WII		217/07	7/3691	John Ku	hl (Sc	on) 8210 Elvat	on I		L22
NOI.	Canditions, il ony, gave rise to imn cause to, statin underlying couse	nediate ig the last	DUE TO, O	es	OUENCE OF	NOT RELATED T	O THE TERM	IN AL DISEASE OR CONDITION	1/2	Jul	Jule
CERTIFICATION	190 DATE OF OPERA	5/60	196. COND	ITION FOR WH	OPERATION	WAS PERFOR	MED			WERE FINDING CAUSES	
MEDICAL CER	216. ACCIDENT WAS UNE OR CONTRIBUTING (IF ETHER NOTIFY MEDI 21d INJURY OCCURE WHATE NOTIFY ALL WO 220.1 certify that (I) Saw the decease above, (I) (WHAT 276. SIGNATURE 276 PHYSICIAN'S NA	CAUSE OF DEAT CAL EXAMINER) RED THE (this hospite and olive on did) (did of the control of the c	P. PLACE (AT HOME STI	M. MONTH M. OF INJURY REET, FACTORY, OFF	9 BT, an	21f. LOCATION STREET	, 19	CITY OR TOWN CITY OR TOWN CITY OR TOWN CONTROL OF THE CONTROL CONTROL OF T	l nd hour	COUNTY	
	BURIAL, CREMATION,	REMOVAL	236 DATE		231. NAME OF C	EMETERY OR CI	REMATORY	23d LOCATION		COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the haspital

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMBORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, th

Burial Nov.30
REPUBLICATION STATE SINGLETON FUNCTION FUNCTION

Singleton Funeral Home Glen Burnie, Maryland

Nov. 30, 1984 Glen Haven Mem. Park Glen Burnie A.A. Mary

Frankol Minor Kell . a deligned and cule 7 dans - Tuley The strategical Take 1

STATE OF MARYLAND

1	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG. NO.	0 4 4	
	DECEASED NAME FIRST		M.	Larsen		20 DATE OF DEATH MONTH O	5 84 11 PF M	
3 5	Female	4 RACE Whit	e	5. DATE (MONTH AU		a Mor (military	IF UNDER 1 YEAR IF UNDER 24 HRS	
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Denmark	75. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DED MORCED DIVORCED	1 - 6:		
10.	Crofton	[IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Crofton Conv. Center			170 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Housewife	12b. KIND OF BUSINESS OR INDUSTRY at home	
	UAL RESIDENCE (IF NURSING HOLE) 13h C	ME OR OTHER INSTITUTION OUNTY A.A.	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Severna	N	13d. INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS / ZIP CODE P.O.Box 485	21146 Severna Park	
	FATHER'S NAME FIRST Christian WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) [# YE	MIDDLE 5. ARMED FORCES? (S. GIVE WAR OR DATES)	Mortense 166. SOCIAL SECU 219-16-8	RITY NO.	15. MOTHER'S MAIDEN NAI FIRST Anna 17. INFORMANT Gladys R. Ste	ADDRESS	Mortensen- 85 Severna Par	
Z	Conditions, if any, whice gave rise to immediate cause (a), storing the underlying cause los	DUE TO, O b c b c DUE TO, O b c c d d c d d d d d d d d	R AS A CONSEQUE	NCE OF	PIRATORY	ACCEST	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH	

P.M

21e. PLACE OF INJURY

21h. TIME OF INJURY HOUR A.M. MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR 19 211 LOCATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

NO

YES [

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE

19a DATE OF OPERATION

214 INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINERS

NOT WHILE

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE

COVERYNE ATTENDING MEDICAL

STAFF DIRECTOR PHYSICIAN

CITY OR TOWN

226 DATE SIGNED

Burial

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

11-28-84

23h DATE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OR TOWN

BP.

DHMH - 16 50M 4/83

completely filled in live 1 and 2 should be file

Poges 1 puo

this certificate has been

TO FUNERAL DIRECTOR:

haspital

prior

the burial-transit permit. and Mental Hygiene prio

00

arked or lies

CRTANT.

CERTIFICATION

MEDICAL

Moreland Memorial | 130. DATE REC'D. 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Rd. (VRA 15, 4)

Colsial 8 THE STATE OF AND THE STATE OF THE RESERVE AND ASSESSMENT OF THE PROPERTY OF

injury, or ather troumatic event, th

IMPORTANT: # frem 21 is marked or frem 18 showseagy

STATE OF MARYLAND

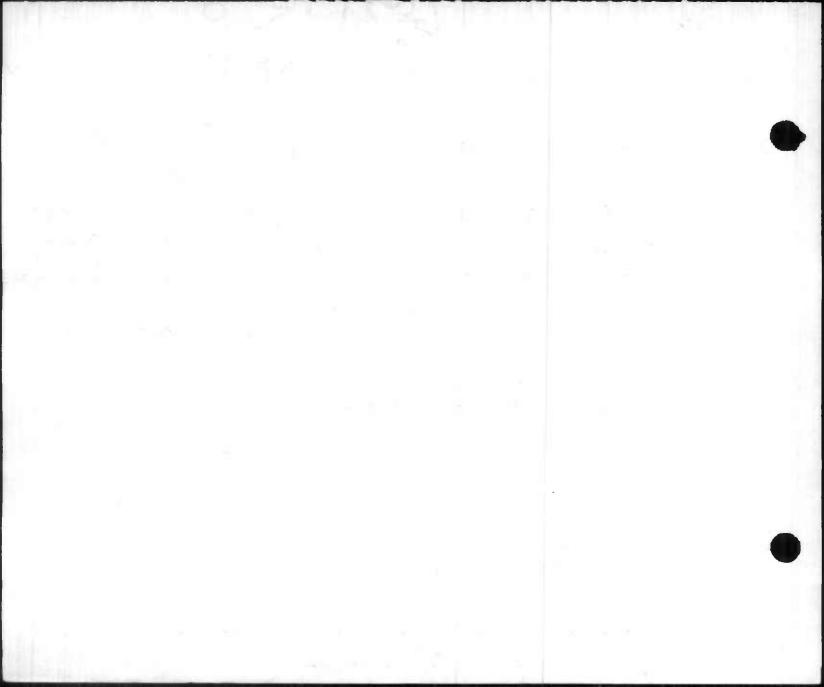
12	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL F	IYGIENE 4	2 9 REG. NO.	0 4	5
			FIRST POCC 1	RACE	T O	S. DATE C	DAY YEAR	6 AGE (INY	EARS LAST BIRTHOAY)	S S F F UNDER I YEAR ONTHS DAYS	26 HOUR NOOT M IF UNDER 24 HRS HOURS MIN.
8	M	RTHPLACE (STATE OR F. OUNTRY) RESACTOS TY OR TOWN OF DEA	ETTS		WHAT COUNTRY? SO A HOSPITAL, NURSIN HEACILITY, GIVE STREET	MARRIEI WIDOWE	NEVER MARRIED DIVORCED ROTHER INSTITUTION	9 BALTIMO	RECITY OR COUNTY OF COUNTY	12h KIND O INDUSTRY	OF BUSINESS OR
18/11	130 S	AL RESIDENCE (IF NURS) TATE FLOCIDA THER'S NAME FIRST	31 COUNTY	TEE	GIVE RESIDENCE BEFOR	/N	134 INSIDE CITY LIMITS YES NO NOTHER'S MAIDEN	NAME	ADDRESS / ZIP CODE	-9	335/37
3		VAS DECEASED EVER	IN U.S. ARME		16h SOCIAL SECTION 1995		PATRICIA YOF	r RGER	ADDRESS AMAREUM SEVERNA	MARK	MO ZIIYA
		PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	AS CAUSED B IMMEDIATE C which mediate g the	DUE TO, OF	/ 1	ENCE OF	Artery He	art Dise	ne-M.I	. 10	Days
2	CERTIFICATION	190 DATE OF OPERAT	HONE C	19b. CONDI	100 FOR WHICH	OPERATIO	NOT RELATED TO THE TO N WAS PERFORMED	200 AUTO	DPSY? 20b. IF YES,	WERE FINDIN	NGS USED
4	MEDICAL	OR CONTRIBUTING CO	RED	P./ 21e PLACE ((AT HOME, STR	M. DE INJURY EET, FACTORY, OFFICE documents 19	19 (1)	19.0	ion death occurre	CITY OR TOWN	COUNTY /	STATE (I) (we) lost conservated
1		22d. PHYSICIAN'S NA	7D.	Ulle	ender	N	ATTENDING PHYSICIAN		STAFF PHYSICIAN	22c. DATE	SIGNED 4
	23a B	URIAL CREMATION	REMOVAL I	23h DATE	236	NAME OF C	EMETERY OR CREMATO	RY 23d LOCA	TION		

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE MD.

NOV. 4, 1984 CARROLL CREMATION SERV. HAMPSTEAD CARROLL M.

LOME SEVERNA PARK, MD. NOV 7 1881 21 EUNERAL DIRECTOR
BARRANCO FUNE EAR HOME



NECESSARY, ILLUNERAL DIRECTOR
5 FOR YOUR HILL
D, WITHIN 72 HILL
W. PRESTON STREET DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 GIVE FACES I SPAGE 8 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ADOLS, WHITH FORM PARTER DEATH, WITH THE STATE DEATHWORD TO FUND BE USED AS A BURIAL-TRANSIT PERMIT PAGES A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIELE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL

DHMH - 17

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

		FOR	DEPARTMENT OF	HEALTH AND MENTAL HYG	IENE 2 9 U	4 0
u		STATE REGISTRAR	MEDICAL EXAMIN	NER'S CERTIFICATE OF D	DEATH REG. NO.	
U		CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
Đ.	(TYP)	(TOhr	, L.	Leeth	DEATH MATED 11	3 1954 M
٦	(5E)	4 RACE	5. DATE OF BIRTH MONTH DAY .YEAR LAST BIRTHE			DAY YEAR 24 HOUR
	1	n CAN	1 11.26 38		PRONOUNCED 12/3	1984 1328
7		RTHPLACE ISTATE OR	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	1. BALTIMORE CITY OR COUNT	Y OF DEATH
/	W	ash. D.C.	USA	WIDOWED DIVORCED	0 /t.A.	MD
1	ID CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE TIREET ADDRESS)	E, OR OTHER INSTITUTION 12a.	USUAL OCCUPATION ITYPE OF WORK	12h KIND OF BUSINESS OR INDUSTRY
2	E	TNNApo/15	Anne House	tel Gen 1	rogram lechnical	n Computers
1	SUA 13a S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 13 CLTY OR TOWN		STREET ADDRESS	81037
1	_	ma A	A, Edgewa	YES NO .	105 PAYK	Ave
1/	14. FA	ATHER'S NAME	MIDDLE LAST 19	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST 4
$\ell(j)$	u	Villard	H. Lee tr	1 Kuth	CA	11011
1	160 V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN)			ADDRESS	
Н	1	yes	266-28-	3778 Jenniter	Leeth Same (as 13e.
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane cause per line far (o), (b) and (c).)	1. 1-	- + 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			E CAUSE (a)	LIAC MYTE	esv	
		Condition of the Airb	DUE TO, OR AS A CONSEQUENCE			
	Η,	Canditions, if ony, which gove rise to immediate	(b)	SCVD.		
		cause (a) stating the <u>under</u> - lying cause lost.	DUE TO, OR AS A CONSEQUENCE	OF		
			(c)			<u> </u>
	z	PART 2 DIHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERV	MINAL DISEASE OR CONDITION GIVEN IN PART 1 10	F.	
1	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
/	IFIC					YES NO
7	ERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY		NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAI	
1	AL C	UNDERLYING OR	HOUR A.M. MONTH DAY YEA	IR .		
/	DIG	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,	211 LOCATION		
	¥	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN COL	UNTY STATE
			of the remains described above, held on	Autopsy	Inquiry and in my op	inion
		death resulted fram: Nature	Accident . Si	Consult of the consul	ndetermined monner .	1
		ACTUAL SIGNATURE	land Color	Deputy	DATE	11/3/84
0	1		//	M.U	MÉDICAL EXAMINER SIGNE	11
1		EXAMINER'S NAME William	P. Jones, M.B.	ADDRESS 695 Americ	ca Ort., Davidsonville	Mi. 21035
	23e.Bl	URIAL, CREMATION, REMOVAL 23		METERY OR CREMATORY 23	d. LOCATION CITY OF TOWN COUN	
	12	Burial	11/8/84 Hillcr	est Cemetery		A. Co.Md.
	24. FL	UNERAL DIRECTOR	ADDRESS 12 Ridgel	y Ave. 250 DATE REC'D	D. BY REGISTRAR 256. REGISTRAR 9.5	ignapanded.
	Ha		1 Home Ann. Md.) BUT	

Be with the the tender there is the will be the But JA & Someth Was Burn Burn Barr

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate he executed within 24 hours aft retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been uplied by the attending physician and cot should be detoched for use as the burial-transit permit. Then plicate termone contacts to with the State Dept, of Health and Mental Hygiene prior to burial, tremonian, or removal.

and completely filled in by the funeral di ages I and 2 should be filled within 72 ha

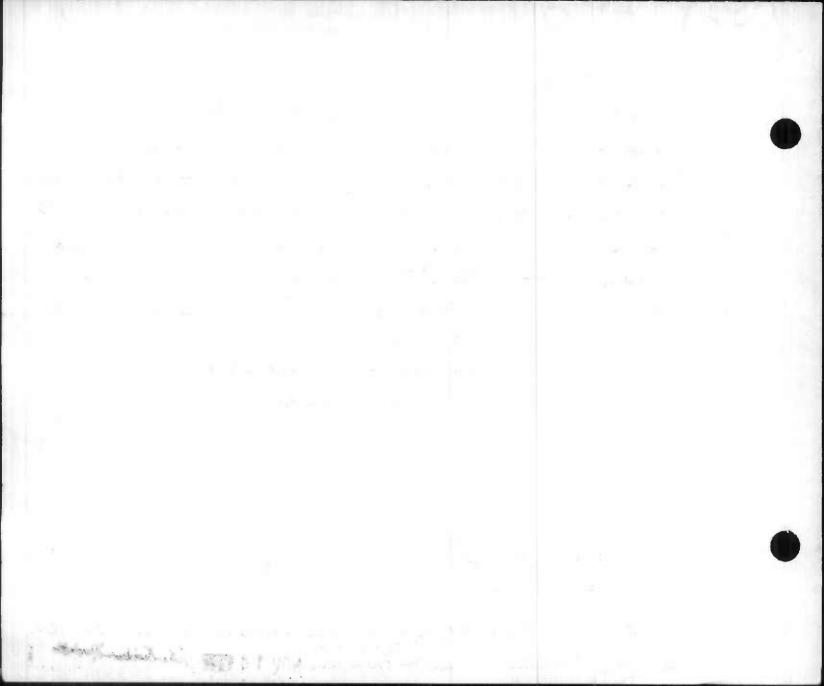
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

9 H

1. DEC	REGISTRAR			ERTIFICAT		REG. N	0		
(TYPE	CEASED NAME FIRST	MIDDI	IE .	LAST	\/	26 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	JANE	Σ.	-	LIBB	Y		11 - 11	- 84	120
3. SE)	Х	4 RACE	5. 1	DATE OF BIRT	H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	HOURS A
LF	EINALE	CAUCASIA	IN 3	JUNE ,	22 1900	84	YRS	DAIS	HOURS I
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8.		NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
A	LABAMA	UNITED .		IDOWED -	DIVORCED X	ANNE ARL	NDEL		
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING H		ER INSTITUTION	12a USUAL OCCUPAT		126 KIND OI	F BUSINESS
Ca	OWNSVILLE	FAIRFIE	LD NUR		ENTER	111 01			OF M
USUA	AL RESIDENCE (IF NURSING HOME O			ISSION)	ISIDE CITY LIMITS?	13e.STREET ADDRESS			
		ARMOEL S	7	YES YES		442 I AVELL	Was Ass	N.	2114
14. FA	ATHER'S NAME				OTHER'S MAIDEN NA		11034	7.1	
1	Tacab	MIDDLE	HOAD		MATILDA	MIDDLE		MA.	LER
16a. V	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166	SOCIAL SECURITY	NO. 17. IN	FORMANT	ADDRI	SS	7.772	LEK
0		IVE WAR OR DATES)	150 11 95	35 . 7.	To	1100m.1 (SAME A	00 /	2)
	NO -		20-16-10.	3.3 146	ANNE YOR	NSTON L	mine i	APPROXU	MATE INTERVA
	18 CAUSE OF DEATH (Enter to PART I. DEATH WAS CAUS	nly one couse per line ED BY:	ARDIO PUL	MAILE	Y ARRE	~		BETWEENC	MATE INTERVA
	IMMEDIA	TE CAUSE (0)	INDIO I VE	MINNTIN	1 NACE	21		0	MIN.
N N	PART 2 OTHER SIGNIFICANT	(6) 11-	0.0	TH BUT NOT R		URY514 INAL DISEASE OR CON	DITION GIVEN		IRS.
CERTIFICATION	19a DATE OF OPERATION		N FOR WHICH OPE			20a AUTOPSY?	206 IF YES, W		
E						YES NO	YES [NO [
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY	YEAR	HOW INJURY OCCUR	YES NO	YES [
MEDICAL CERTII	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. P.M. 21e PLACE OF I	MONTH DAY	YEAR 19 211 L	OCATION STREET		YES [NO [
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 214, INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET,	MONTH DAY INJURY FACTORY, OFFICE, FARM. eccased from	YEAR 19 211 L	OCATION STREET 19 S Y in (my) (our) opinion	CITY OR IC	YES [RY IN ITEM 18 PART	(OUNTY	STAT
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d, IN JURY OC CURRED WHITE AT WORK AT WORK 22a Certify that (i) (this hasp saw the deceased alive as obove, (i) (we) (did) (did n	HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET, ortal) oftended the de- not) view the body ofte	MONTH DAY INJURY FACTORY, OFFICE, FARM. eccased from	YEAR 19 211 L 4, and that DEGRE	OCATION STREET in (my) (our) opinion E ATTENDING PHYSICIAN	CITY OR IC	YES [RETINITEM IS PART	COUNTY	STAT
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTEY MEDICAL EXAMINE 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did not	HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET, offal) offended the de not) view the body offe	MONTH DAY INJURY FACTORY, OFFICE, FARM. eccessed from 1 19 er death.	YEAR 19 211 L L L L L L L L L L L L L L L L L L L	in (my) (our) opinion E ATTENDING PHYSICIAN ADDRESS	CITY OR TO CITY OR TO CHOCK TO THE MEDICAL STA	YES [RETINITEM IS PART	COUNTY	STAT
WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DE (FETTHER NOTEY MEDICAL EXAMINE 21d. INJURY OC CURRED WHILE AT WORK 22d. I certify that (1) (this hasp saw the deceased alive or above. (1) (we) (did) (did in 22d. PHYSICIAN'S NAME (TYPE ROBERT SEBURIAL, CREMATION, REMOVA	HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET, 01ful) ottended the de not) view the body ofte	MONTH DAY INJURY FACTORY, OFFICE, FARM. eccessed from 1 19 er deoth.	YEAR 19 211 L L L L L L L L L L L L L L L L L L L	OCATION STREET in (my) (our) opinion E ATTENDING PHYSICIAN	CITY OR TO	YES [RETINITEM IS PART	COUNTY	STAT
WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OC CURRED WHITE NOT WHITE AT WORK 22a I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE ROBERT S	HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET, offal) offended the de not) view the body offe	MONTH DAY INJURY FACTORY, OFFICE, FARM. eccessed from 1 19 er deoth.	YEAR 19 211 L L L L L L L L L L L L L L L L L L L	OCATION STREET In (my) (our) opinion E ATTENDING PHYSICIAN ADDRESS AND AD RY OR CREMATORY ONE CEMETS	CITY OR TO CITY OR TO death occurred on the d MEDICAL STA DIRECTOR PHYSIC 1334. LOCATION CITY OR TOWN	YES [RETINITEM IS PART WN 19 ate and hour an	COUNTY 22c DATE:	STAL

DHMH - 16 50M 4/83 (VRA 15, 4)

BARRANCO



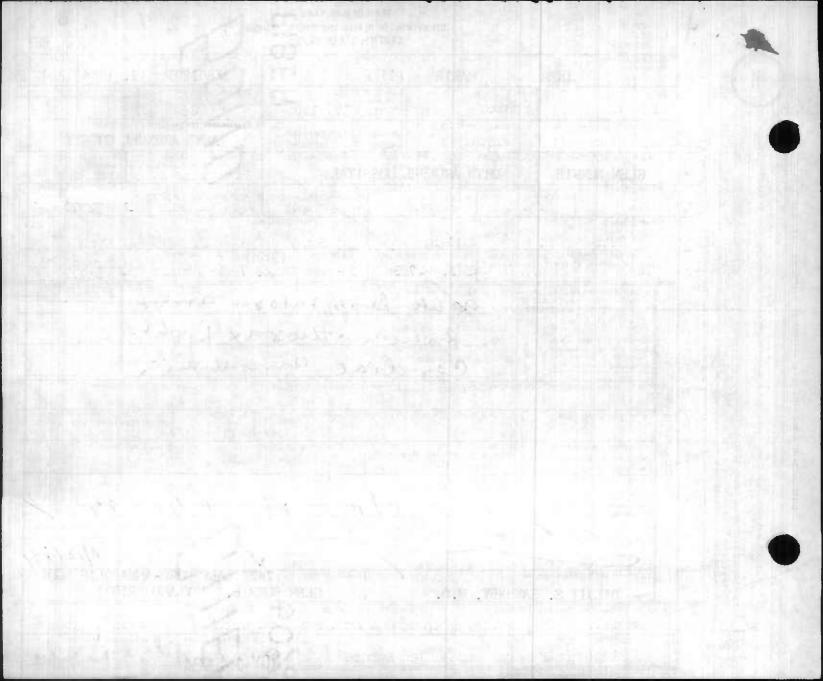
FOR - STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	REG.	2. 9 NO.	0 4	8 EST
ECEASED NAME	FIRST	A	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
PE OR PRINT)	IRMA		MARIE	LIIKE	3	NOVEM	BER 12	, 1984	220 RM
EX		4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Female		White		Aug.	17, 1900	84	YRS		
BIRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEL WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY ANNE	_		TY MD.
	GLEN BURNIE 11. NAME OF HOS			G HOME O	ROTHER INSTITUTION PITAL	120. USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEWIT	OF WORKING LIFE)	126 KIND C INDUSTRY OWN H	of Business or Iome
STATE MD.	13b COU		GIVE RESIDENCE BEFORE 13: CITY OR TOWN Harmans		134 INSIDE CITY LIMITS?	7508 Harm	s/zipcode nans Rd.	210	77
FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE			That E
Otto	L.	MIDDLE	Ludwig		Ida	J.		Wynn	
WAS DECEASED EVE	(IF YES, QU	MED FORCES?	383.68.7		Charles Liik	211)	mans Rd	Harma 210	ins,Md.
18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	nly one couse per ED BY: TE CAUSE (o)	line for to), (b), one	2.5	spirato	ry ar	10°1	BETWEEN	MATE INTERVAL ONSET AND DEATH
					U .				

	DECEASED NAME	FIRST	A	WIDDLE	LA	31	20.	DATE OF DEATH		Y YEAR	26 HOUR	
(1	TYPE OR PRINT)	IRMA		MARIE	LIIKE			NOVEMBI	R 12	, 1984	220	PM
3	SEX	14.	RACE		5. DATE O	F BIRTH	6. A	GE (IN YEARS LAST BIRT	-	F UNDER 1 YEAR	IF UNDER 24	HRS
9.	Female		White		MONTH	17, 1900	200		WC	ONTHS DAYS	HOURS	MIN.
7				WILLY COLL ITENA	Aug.	17, 1900	0.0	84 ALTIMORE CITY OF	YRS	DE DE ATH		_
/0.	BIRTHPLACE (STATE (OR FOREIGN		WHAT COUNTRY?	MARRIED	NEVER MARRIED		_	-		777	
	Iowa (3)	U.S.		WIDOWE	44.				L COUN		MD.
10.	CITY OR TOWN OF		I. NAME OF H	HOSPITAL, NURSIN	ADDRESS1	R OTHER INSTITUTION		USUAL OCCUPATION OF OF WORK FOR MOST OF		12b. KIND O	F BUSINES:	SOR
	GLEN BUI	RNIE	NORT	H ARUNDE	L HOSE	ITAL		Housewife		Own H	ome	- 3
	SUAL RESIDENCE (IF N	URSING HOME OR OT 13b COUNTY		GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMIT	S? 113e	STREET ADDRESS /	ZIP CODE			
	MD.	A.A	•	Harmans		YES NO X	7	508 Harma	ns Rd.	210	77	
14.	FATHER'S NAME		The Law			15. MOTHER'S MAIDEN	NAME	14.5				
	Otto	L.	DDLE	Ludwig	0.00	Ida		J.		Wynn		
160	a WAS DECEASED EV		ED FORCES?	16b SOCIAL SECL	IRITY NO.		(Son	10000	SS			
	(YES NO OR UNKNOWN)		A OR DATES)	383.68.7		Charles Li			ans Rd	Harma 210		•
-	THE CALLES OF DE	ATM (Entor only		London in the on	die					APPROXI	MATE INTERVA	Al .
	PART I. DEATH	WAS CAUSED	BY:	CA D . Le	Po	a bi roud	00	y any	201	BELANTEN	DINZE I AND UT	AIN
		IMMEDIATE	CAUSE (o)	- may	- 10-	3/0/	0 0	1	4 1			_
	0 5 1000		DUE TO, OF	R AS A GONSEOU	ENCE OF	++10	1-0	V D V	sht.			
	Conditions, if a		(b)	Kne	un	us uno	8	XKIT	7-01			
	gave rise to i		DUE TO O	R AS-A CONSEQU	ENCEADE			1.4		S LEGIS		
	underlying cou	use lost.	(6)	(0	di	al u	WL	1-them	19,			
	PART 2 OTHER SI	IGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE	TERMINA	DISEASE OR CONE	ITION GIVE	N IN PART I	D '	
2					T'ND:							
ATI	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	1	00 AUTOPSY?		WERE FINDIN		
19	₹							EE O NOO		ING CAUSES		?
CEPTIEICATION	71a. ACCIDENT WAS	INDERIVING	21b. TIME O	E IN ILIPY		21c. HOW INJURY OC		TES NO	YES	L-J	№ □	
	OR CONTRIBUTION F		LICUID A	M. MONTH D	AY YEAR	216.110 W 1143081 00	CORRED	TEMER NATURE OF INJUR	T IN HEM IS PA	KT I OR PART 2)		
3	IN EITHER NOTIFY M	EDICAL FXAMINER)	P.:		19					Lengt.		
MEDICAL	21d INJURY OCC	URRED	21e PLACE	OF INJURY	EARM ETC)	211. LOCATION STREET		CITY OR TO	VN	COUNTY	STA	TE.
13		WHILE WORK	(A. NOME 316	att, racion, orrice,						0.1		,
	220.1 certify that		l) ottended th	e deceased from_	11	11 19 8	4	to	12 1	089	that (I) be) lost
	sow the dece			19_	on	d that in (my) (our) ope	nion deot	h occurred on the do	te and hour		couses state	ed
		eased alive on	view the body	ofter deoth.	0	A	inion deot	h occurred on the do	te and hour	and from the		ed
	sow the dece obove, (I) (ve 22b SIGNATURE		view the body	ofter deoth.	0	d that in (my) (our) apo		A STAF				ed
	22b. SIGNATURE	eased alive on_ (did) (did not)		ofter death.	0	ATTENDIN PHYSICIA	NG _ M	A EDICAL STAF RECTOR PHYSIC	F IAN 🔲	and from the		4
		eased alive on_ (did) (did not)		ofter deoth.	0	ATTENDIN PHYSICIA 22e. ADDRESS	NG 16	EDICAL STAF RECTOR PHYSIC 2 BALTIMO	FIAN D	221. DATE		EVAL
	226 SIGNATURE 226 PHYSICIAN'S	eased alive on_ (did) (did not)	PRINT)		0	ATTENDIN PHYSICIA 22e. ADDRESS	NG 16	A EDICAL STAF RECTOR PHYSIC	FIAN D	and from the		EVA
23	22d PHYSICIAN'S DALJ B BURIAL, CREMATIO	NAME (TYPE ORP	AWHNEY	, M.D.	NAME OF CE	ATTENDIN PHYSICIA 220. ADDRESS GLEN CMETERY OF CREMATO	NG DO TO	EDICAL STAFRECTOR PHYSIC 2 BALTIMO IE, MARYL 334 LOCATION (IN OR JOWN)	FIAN [] RE-ANN AND 2	APOLIS	SIGNED BOUL	Y EVAI
23	226 SIGNATURE 226 PHYSICIAN'S DALJ	NAME (TYPE ORP	AWHNEY	, M.D.	NAME OF CE	ATTENDIN PHYSICIA 220. ADDRESS GLEN	NG DO TO	EDICAL STAFRECTOR PHYSIC 2 BALTIMO IE, MARYL 334 LOCATION (IN OR JOWN)	FIAN D	APOLIS	SIGNED 12/F BOUL	EVA

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the filled within 2 should be detached for use as the buriol-transit permit. Then please remave corbanopapers. Pages 1 and 2 should be filed within 72 hours attempted begins to Health and Mental Hygiene prior to buriol, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after retained by the hospital or attending physician. BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

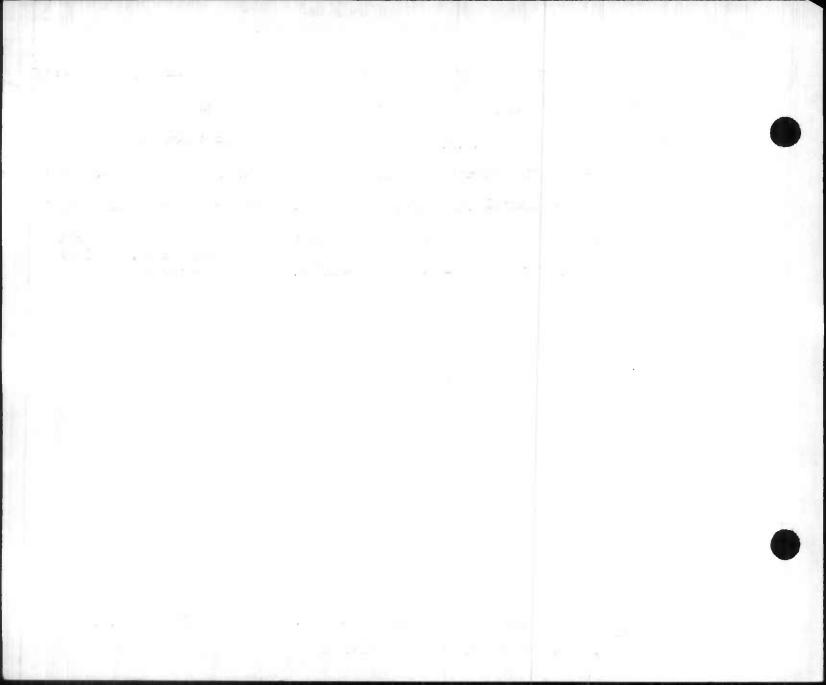
1	The same of the sa	/	PHYSIC		DIRECTOR PHYSIC		/ -/ •
22d. PHYSICIAN'S NAME (TYPE OR PRI	NII		22e. ADDRESS	742	22 BALTIMO	RE-ANNAPOLI	IS BOULE
DALJIT S. SA	WHNEY, M.D.		GLE	V BURN	VIE, MARYL	AND 21061	
236 BURIAL, CREMATION, REMOVAL 2 ISPECIEY) Burial	36. DATE NOV. 16, 1984		Mem.Lawn	.,	Ottumwa	Wapello	Iowa
24 FUNERAL DIRECTOR Singleton Fun	Hopkinson (Glen Bur	nie	25a. DATE R	EC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	



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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers, Pages 1 and 2 should be filled within 72 haurs often	with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.
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	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLA EALTH AND A ICATE OF D	AENTAL HYG		2 G. NO.	90	4 9
		CEASED NAME	Floy		Ray		ouk		20 DATE OF DEA	TH MONTH	DAY YEAR 5 84	26 HOUR 11:45PM
	3. SE.	x Male		RACE		5 DATE C		ŽŽŽ	6 AGE (IN YEARS L)	IF UNDER TYE	AR IF UNDER 74 HRS
ot once.		RTHPLACE (STATE OR FO COUNTRY) st Virginia		CITIZEN OF	WHAT COUNTRY J.S.A.	? 8 MARRIEI WIDOWE	NEVER M		9 BALTIMORE C	115	NTY OF DEATH	MD.
00		Glen Burnie	9	724° Nas	HOSPITAL, NURS HEACTHY, CIVE STREE DDS Cree	k Road	R OTHER INST	ITUTION	120. USUAL OCCI	JPATION MOST OF WORKIN	G LIFE) INDUSTI	of BUSINESS OR struction
ag 35	Ma	9	B COUNTAINE	Arundel	Glen Bu	WN .	13d. INSIDE CI YES 🔲	NO 🗗	724 Na b	ess / zip co	ope ek Road	21061
2c		THER'S NAME Edward		IDDLE	Loul			Lody	MID			Belt
medico		VAS DECEASED EVER I YES, NO OR UNKNOWN) Yes		NED FORCES?	233-34-		Donald		Gle ouk 943 L			le
event, the		18 CAUSE OF DEATH PART I, DEATH WA	AS CAUSED	one cause per BY: CAUSE (o)	line for (a), (b), o	rafe	MY (ruve	xt		APPR BETWE	OXMATE INTERVAL EN ONSET AND DEATH
oumotic		Conditions, if ony,		DUE TO, OI	R AS A CONSTO	UENCE OF	re	Squ	amol	LS		
or other troumatic		gove rise to imm cause (a), stating underlying cause		DUE 10, OI	R AS A CONSEO	UENCE OF	Cell	Da	Alux	9+6	vaus	u .
injury, o	NOI	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	DITION	GIVEN IN PART	110=
haws any	CERTIFICATION	190. DATE OF OPERAT			TION FOR WHIC	H OPERATIO			20a AUTOPSY	□ IN CE	YES, WERE FIN RTIFYING CAUS YES []	SES OF DEATH?
or Item 18 s		210. ACCIDENT WAS UNDE OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DE AT	P.,	M. MONTH I M.	DAY YEAR			RED (ENTER NATURE C	DE INJURY IN ITEM	18 PART LOR PART	i)
is marked ar	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗀	21e PLACE (OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATIO	N O	CITY	ORTOWN	COUNTY	STATE
		sow the decease obove, (I) (we (d	d olive on	0112	19_	1-11	d that in (my)	, 19 (our) opinion	death occurred on	the date and	hour and from 1	the couses stated
IT: If Item 21		22b. SIGNATURE	Pu	lli	1	1	DEGREE A F	TTENDING >	MEDICAL DIRECTOR P	STAFF HYSICIAN []	22c. DA	TE SIGNED
MPORTANT		22d. PHYSIMAN'S NA	ME LTYPE OR	Plu	icis		15Z	iR	ITCHIE	He	34 F	tenoro
≥	230 (BURIAL, CREMATION, I (SPECIFY) Buria	REMOVAL L	23b DAVE 11/8/	84 Ma	NAME OF C	EMETERY OR C	Cem.	Crowns	Ville	COUNTY	
/83	24 FI	eorge J. (Gonce	4001 F	Ritchtess	Hgwy B	alto Md	NO\	e rec'd. by regis / 9 1984	TRAR 256 REC	Javidson-	Mandale Mandale

DHMH - 16 50M 4/83 (VRA 15, 4)



	1.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL I	HYGIENE REG. N	NO.	0 0
By B		CEASED NAME FIRST	1	USE	S. DATE O	VERY FBIRTH 27, 1919	O AGE (IN YEARS LAST B	MONTH E	1984 IF UNDER LYEAR I
funeral dreaming 72 hours	V	TRGINIA	76 CITIZEN OF V US	A Ospital, n	MARRIED WIDOWE URSING HOME O	NEVER MARRIED	9 BALTIMORE CITY	A AY	12b. KIND OF BU
n 24 hours offi rfilled in by the hould be filled f.m.W.benatin	130 M		Ann	a A		General 134 INSIDE CITY LIMITS YES NO	1610 FAI		DR. 2
completely 1 and 2 sh		GEORGE A.	MIDDLE	AUST		GERT'RUDE	MIDDLE		ITTAKĖR
ficate be executably six on a company of the medico ent, the medico			E WAR OR DATES)	229	46.4790	WILLIAM (ADDY C. TIPTON E		HORE DR
OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours of the hospital or attending physician. DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by to backed for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filled Dept. at Health and Mental Hygiene prior to burial, remailion, ar removal. Dept. at Health and Mental Hygiene prior to burial, remailion, ar removal.	z	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OF DUE TO, OF	ASCON	SEQUENCE OF SEQUENCE OF	ailure vular ins conganita	11		Many Many Many
HYSICIAN: The law req nating physician. his certificate has been is burial-transit permit. The A Mental Hygiene prior to or them 18 shows any ini	MEDICAL CERTIFICATION	190. DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (18 EITHER NOTIFY MEDICAL EXAMINER 710. IN JURY OCCURRED	21b. TIME OF HOUR A.I.	FINJURY A. MONTH	•	211 LOCATION STREET	TID AUTOPSY YES NO CURRED (ENTER NATURE OF IN)	20b. IF YES IN CERTIF URY IN ITEM 18 P	T. Basel
	×	WHIE NOT WHIE 222 I certify that (I) (the heapy sow the deceased alive on above, (I) (well (did) (did not be applied to the property) (in the leave of t	(tot) ottended the	deceased (rom Dec 19 84, on	29 196		AFF _	1984, that is and from the coust of the SIGN Nov 26
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1212 WESTRESSTREET

E. EVANS ANNAPOLIS MARYLAND

STATE OF MARYLAND

YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES [] IB PART I OR PART 2) COUNTY STATE hour and from the causes stated STATE A.A. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

26 HOUR

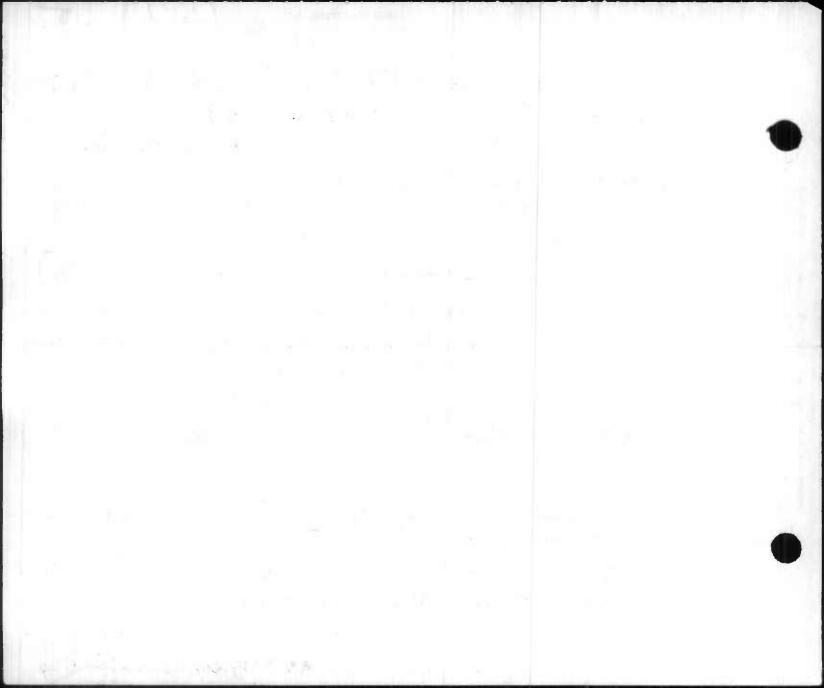
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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR



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		5 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page attending physician.	ir this certificate has been signed by the attending physician and completely filled in by the funeral directo the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filed within 72 hours all man
SION OF VII AL RECORDS, 201 W. PRESION SI., BALLIMORE, MARILAND 21201		Ah	-tro
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2ª DATE OF DEATH MONTH 7h HOUR LIVPE OR PRINTS 05. 1984 NOVEMBER CATHERINE MACKENZIE GIRVIN 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH °20 TEÔR 9 Female White 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Mary land ANNE ARUNDEL COUNTY U.S.A. WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NOR" TECARONDEL" HOSPITAL GLEN BURNIE Secretary Insurance USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131 COUNTY
131 CITY OR TOWN 136 STREET ADDRESS / ZIP CODE 155 Lake Shore Drive 13c. CITY OR TOWN 13d INSIDE CITY HAITS? Maryland Anne Arundel Pasadena 21122 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST ANIDDE F Girvin ANIDDLE Samuel Anna Ford ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) 215-16-5582 Joseph S. MacKenzie Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause (o), stating underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NO ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or IFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [216 TIME OF INJURY 71r HOW INJURY OCCURRED 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (We) (did) (did na) view the bady after death. and that in (my) pur opinion death accurred an the date and have and from the causes stated JENATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 27e ADDRESS 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Westview Crematory

DHMH - 16 50M 4/83 (VRA 15, 4)

DIRECTOR

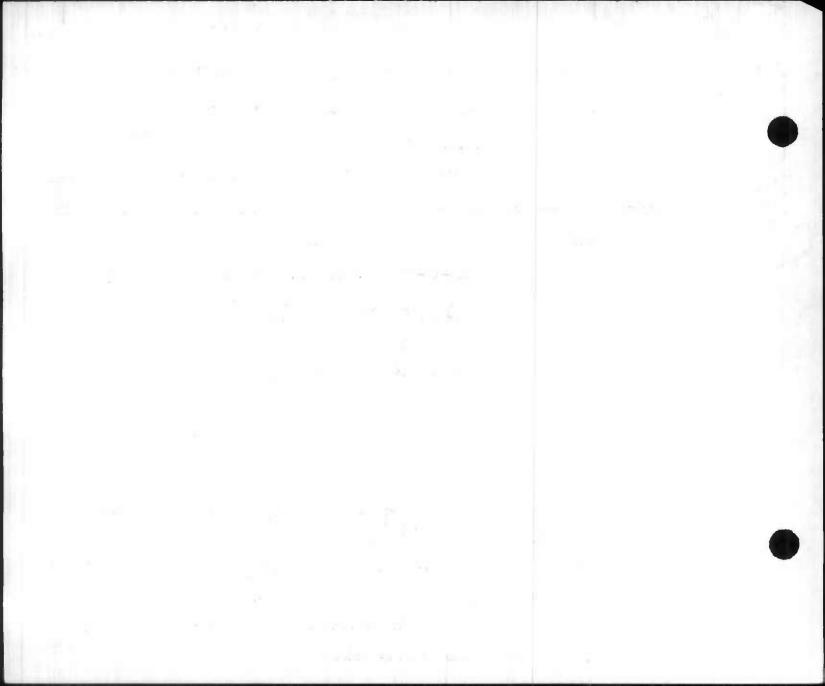
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74 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy BaltoMd

NOV 9 1984 PRODUCE OF THE PROPERTY OF THE PROP

Catonsville



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE 44 FOR - STATE CERTIFICATE OF DEATH REGISTRAR

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DECEASED NAME MIDDLE FIRST (TYPE OR PRINT) 0 3. SEX RACE 5. DATE OF BIRTH 7. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWEDD DIVORCED OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION USUAL RESIDENCE 13d INSIDE CITY LIMIT YES 3 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: remen IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION velos vos cul 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c HOW INJURY OC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 214 INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from and that in (my) (our) api 226 SIGNATURE DEGREE ATTENDIN PHYSICIA 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS CHURCH, M.D. EVERGREEN AT RIGGS AVENUE 23c. NAME OF CEMETERY OR CREMATORY 23ª BURIAL, CREMATION, REMOVAL 23b. DATE Mercer 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNAFURE NOV 2. 1 1984 June Navidson-Randon 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MADVIAND DEPARTMEN

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T OF HEALTH AND MENTAL HYGENE	4		6.4	7	U		-
ERTIFICATE OF DEATH		DEC	NO				

REGISTRAR			CERTIFI	CALE OF DEATH		REG. NO.		EST
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3 SEX		RACE _	5. DATE OF		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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To BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	? 8.		9 BALTIMORE	CITY OR COUNTY	OF DEATH	
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IN CITY OR TOWN OF		. NAME OF HOSPITAL, NURS	NG HOME O		1 12a USUAL OC	CUPATION		F BUSINESS OR
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aNo		/AR OR DATES)	5-376	Dorothe	Matther	ws - 13 1	Inau	e ma
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10-20			esopha	go-garlace			S	NO 🗌
ON CONTRIBUTION	CAUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	21c. HOW INJURY OF	CCURRED (ENTER NATUR	RE OF INJURY IN ITEM 18 P	PART I OR PART 2)	
(IF EITHER, NOTIFY	MEDICAL EXAMINER)	P.M.	19					
(IF EITHER, NOTIFY 21d, INJURY OCC		21e. PLACE OF INJURY	FARM, ETC)	21f LOCATION STREET		ON TOWN	COUNTY	STATE
ANALITE MIC	I WORK						0 :/-	
22a.1 certify tho	t (1) (this hospital	ottended the deceased from	011			-24		That (It (we) las
000ve, (1),(w	eosed alive on e) (did) (did not) v	view the body ofter death.			inion death accurred i	on the dote and hav		
776 SIGNATURE	1000		C	ATTENDI	NG MEDICAL	STAFF		SIGNED
	BAL			PHYSIC1.	AN DIRECTOR		//-	-10-84
224 PHYSICIAN	S NAME THE OFF	PHT(22e ADDRESS	4306 BELLI	E GROVE RO	OAD	
GEORG	SES TAN	M.D.		BALTIN	ORE MARYI	AND 21225	5	
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FLINERAL DIRECTOR. After this certificate has been signed by the attending physicism and a should be detailed for use outhe build-hanalit permit. Than please remove carbon-papers. Pages with the State Dept. of Health and Mantal Hygiens prior to bursal, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The lo

led in by the funeral director page 3 and be filed within 72 hours ofter death

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

NOV 20 1984

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		TY OR TOWN OF DEA	TH 1	1. NAME OF		NG HOME C	R OTHER INSTITUTIO		120 USUAL OCCUPATION		126 KIND O	F BUSINES	OR
	1	GLEN BURN	IE /	NORT	ARUNDEL	A HOSP	ITAL		homemaker	NG LIFE)	OWN	home	
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	AL	OR CONTRIBUTING C		HOUR A.	M. MONTH D.	AT TEAK							
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		226. SIGNATURE	no / tolo hor	view rise body	> 1		DEGREE				22t, DATE	SIGNED,	,
				3	The		ATTEND		MEDICAL STAFF DIRECTOR PHYSICIAN		1/11	109	
1		22d. PHYSICIAN'S NA	ME (-	22e ADDRESS	SA	AINT AGNES HOS	PITA	L		
		RAYMON	IN RAL	R			900	CATO	ON AVENUE BALT	IMOF	RE, MAR	YLAND	212
	23a B	URIAL, CREMATION, I		4	230	NAME OF C	EMETERY OR CREMA	C10 C2	23d LOCATION				
1	Ï	Burial _	6/1	Mr. Nov	1884 I	Loudo	n Park		Baltimore		COUNTY	MD STA	1.6

GLEN BURNIE, MD

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTO

SINGLETON

HOME,

FUNERAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pager with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or them 18 show, pay injury, or other troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

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_	TIO	10a DATE O	FOPERATION		101 CONDITI	ONLEGR	WHICH OBED A	TION! W	AC DEBEOR	144ED2			_	Les		
	FICA	176 DATE O	POPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED?					MED?						
		210. EXTERN	AL CAUSE WAS	S	HOUR MONTH DAY YEAR							NATURE OF INJURY IN ITE			YES LX	NO []
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REGISTR. I. DECEASED (TYPE OR PRINT) SEX BIRTHPLACE FOREIGN COUNTY OR TO	CREMY	MON	Nov.	28, 1984	4 W	estveiw	CIR	emusi	BRY	WE	BTVEIW	50	HTIMO	DRE	MID	

24 FUNERAL DIRECTOR
BARRANCO FUNERAL HOME

SWERIM PARY, Ma.

07/84 25M

DHMH - 17 (VR A15 ME (5))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely should be detached for use as the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and 2, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

etoined by the haspital or ottending physician.

DHMH - 16 50M 4/83

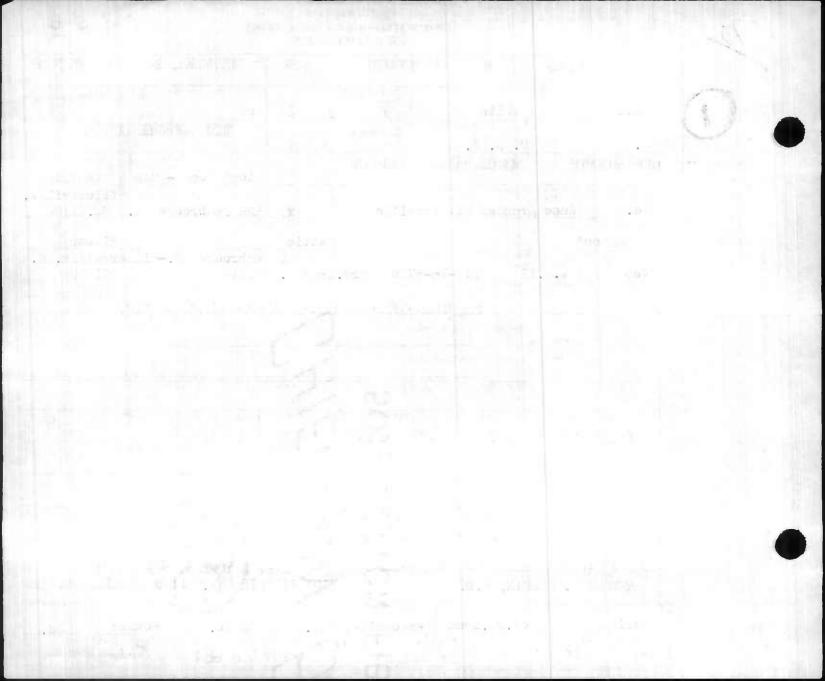
(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3. SE	X	4 RACE		S. DATE OF B			6 AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER		IF UNDER	
	Male	White		MONTH 3	3	YEAR 23	61	YRS	MONTHS	DAYS	HOURS	WI
70. BIRTHPLACE (STATE OR FOREIGN		Th. CITIZEN OF V	WHAT COUNTRY?	8.	de le les		1			ATHTY		
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	24.2	nne Arundel				NO 📑	526 Pemb	rooke	Ct.		2110	
14. FA	ATHER'S NAME FIRST Raymond	WIDDLE	LAST	15	1100	MAIDEN NA				ish		
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- (VES. GIVE WAR OR DATES)	212-16-5	706 N	rs.Ir	ma C.M	cClure		#	211	08	
	18 CAUSE OF DEATH (E) PART I. DEATH WAS (nter only one couse per l	lips for (a), (b), one	dic.i.		- 1	ortican		84	APPROXI	MATE INTE	RVAI
Z	Conditions, if any, wh gave rise to immedia cause (a), stating underlying cause to PART 2 OTHER SIGNIFIC	ich (b) DUE TO, OR	AS A CONSEQUE	NCE OF	DT RELATED	TO THE TERM	MINAL DISEASE OR	CONDITION C	GIVEN IN P	PART III	,	
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-s are injury, or other troumotic event, the

IAPORTANT If hem 21 is morked TO FUNERAL DIRECTOR, Am should be detached for use or with the Stote Dept. of Health

and Memai Hypere prior to buriol, cremotion, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	(Grane		-		

		REGISTRAR				ICATE OF DEATH						
		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEA	TH MONTH	DAY	YEAR	26 HOU	R
	TITPE	LOUIS			McGC	WAN. Jr.	11			5 84 N		
1	3. SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS I				IF UNDER LYEAR IF UNDER 24 HE	
	MA	ALE BLACK				28 09	75	YRS	MONTHS	DAYS	HOURS	MIN.
		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?			8.	D NEVER MARRIED	9 BALTIMORE C			EATH		
2		MARYLAND U.S.A.				MARRIED NEVER MARRIED ANNE ARUNDEL CO						MD.
7		TY OR TOWN OF DEATH GEWATER		HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION RSING HOME	12b	12b. KIND OF BUSINESS OR INDUSTRY				
7	130. S MA	AL RESIDENCE (IF NURSING HOME OF TATE 136 COURSELE 136 CO	YTM	GIVE RESIDENCE BEFORE 13c. CITY OR TOW ANNAPOLI	N	134 INSIDE CITY LIMITS?		RESS / ZIP CO		219	103	1
	14. FA	ATHER'S NAME FIRST LOUIS	MIDDLE	McGOWAN,		15. MOTHER'S MAIDEN NA	MIE	DDLE		ORNI	SH	
		100000	RMED FORCES?	21/1-05-0	_		nnapolis,		nd 2	1403	3	
		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c) IMPART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)										PEATH
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION	SIVEN IN	-	n ce	
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		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [IF EITHER, NOTHY MEDICAL EXAMIN	EAIN	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE	OF INJURY IN ITEM T	8 PART TO	R PART 2)		
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		22a.l certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19									that (I) (s	
		ATTENDING MEDICAL STAFF PHYSICIAN OURECTOR PHYSICIAN							221. DATE SIGNED			
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		BURIAL, CREMATION, REMOVA			TAME OF C	EMETERY OR CREMATORY	231 LOCATIO		cour	NTY	5	TATE
	B	URTAL	11-10-	1984 PI	NELAW	N MEM. PARK	Annen	olin		3.0		

DHMH - 16 50M 4/83

TO HOSPITAL

WILLIAM REESE & SONS MORTUARY, P.A (VRA 15, 4)

NOV 7 1984 The Daylor Fonder

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TO FUNERAL DIRECTOR hould be detached for use a with the State Dept. of Heal

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1.	FOR - STATE REGISTRAR			ATE OF DEATH	ENES A	290	5 8
	CEASED NAME FIRST	MIDDLE	LAS1			MONTH DAY YEAR	2b. HOUR
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	NELL	LAWSON	_//\	EREDITH	1	1 - 1 1 - 0 1	AR I FUNDER 24 HRS
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1	136 COUNTY	13c. CITY OR TOWN		YES NO	13. STREET ADDRESS	DOPIN AND	0 100
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		DUE TO, OR AS & CONSEQUEN	CE OF				
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	cause (o), stating the	DUE TO, OR AS A CONSEQUEN	CE OF				
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12	DATE OF CRAFFOR	THE CONDITION TO WITHOUT	CKAIIOIA	WAS TERI ORMED		IN CERTIFYING CAUS	
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8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY	VEAD	1) HOW INJURY OCCURRE	D JENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
=	OR CONTRIBUTING CAUSE OF DEATH						
MEDICAL	1# EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	II LOCATION			
100	WHILE NOT WHILE	IAT HOME, STREET, FACTORY, OFFICE, FAR		STREET	CITY OR TO	WN COUNTY	STATE
	AT WORK						
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	say the decressed olive on	19_	, and	that in (my) (our) opinion de	eath occurred on the d	ote and hour and from t	he couses stated
140	777 SIGNATURE	ex the body after death.	05	GREE		122. 0.4	TE SIGNED
	1	X	111	ATTENDING	MEDICAL STA		IE SIGNED
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	224 PHYSICIAN'S NAME (TYPE OR PRI	Nel	1	??e ADDRESS			
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-	1 7011 W. C	Dure, 11 VD.		Timesi	21, 400	about 2 mil	107701
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1	Durial	100,20,4841 Hr	lina	tox Nat!	Helinch	n Arlington	VA
24 F	UNERAL DIRECTOR			25e. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
1	autor Funeral	Chappl- Hono	rlogs	S, MU NO	V 2. 1 1984	gretia Davidson	Managa
IIC	aylor l'uneral	Chaber- Hillix	Thou	37.110	7 - 2 2007		

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	STATE OF MARYLAN	D
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5	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	sim O.	y () :	3 7	
)	3. SE) 7a. Bii	RIHPLACE ISTATE OR FOREIGN 76 COUNTRY TANYLAND TY OR TOWN OF DEATH	RACE Whise CITIZEN OF W USA NAME OF HO	5. D HAT COUNTRY? 8. M. WIE	ARRIED OME O	D NEVER MARRIED D DIVORCED DO THE INSTITUTION	120 USUAL OCCUPAT	9 YRS. PR COUNTY Annapa	12b. KIND C	P BUSINES	HRS MPV.
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2	C		one couse per li BY: CAUSE (o) DUE TO, OR DUE TO, OR	215-12-767 ne for (o), (b), and (c), ANA DESEQUENCE	OF OF	Barbara J.Ha Heart Jac Leveni	Juse, 1262		APPROX BETWEEN	Balto	230
7	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22c. I certify that (I) (this haspito saw the deceased alive on obove, (I) (x e) (did) (1 i for	21b. TIME OF HOUR A.M. P.M. 21e. PLACE O (AT HOME. STRE	MONTH DAY IF INJURY EL FACTORY, OFFICE, FARM, E	YEAR 19 YC)	211 LOCATION STREET 19 d that in (my) (part) opinion of DEGREE ATTENDING	CITY OR TO	IN CERTINAL TEM	county 19 ur and from the	SOF DEATH NO ST	ATE
		THE PHYSICIAN'S NAME (1980)	efil)	0		22e ADDRESS	1224 LOCATION				

O FUNERAL DIRE nould be detach in the State De WPCRTANT.

DHMH - 16 50M 4/83 (VRA 15, 4)

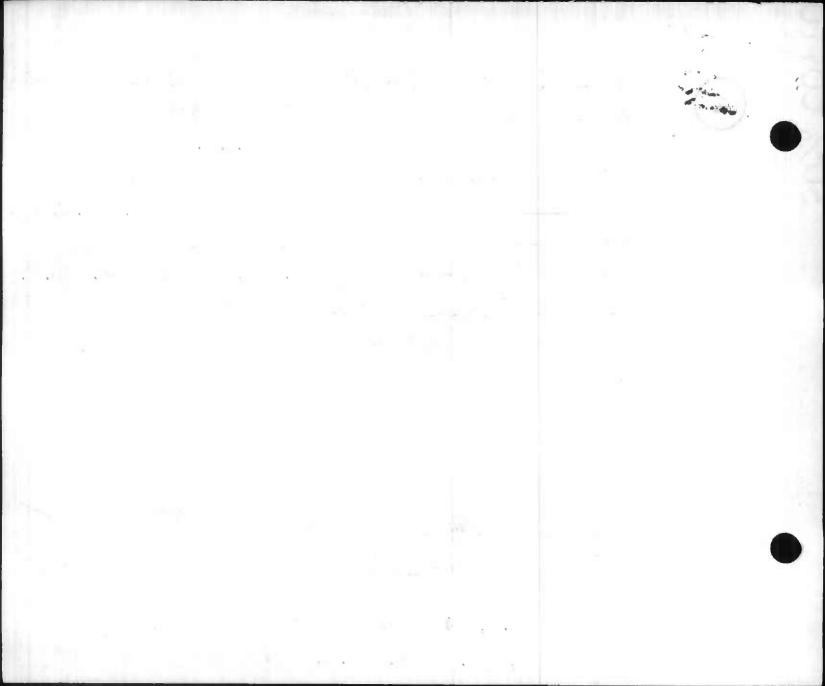
BURIAL CREMATION, REMOVAL WOV. 21, 1984 236 NAME OF CEMETERY OF CREMATORY CEDAN HILL CED

24. FUNERAL DIRECTOR

Baltimore,

Maryland

250 DATE REC'D. BY REGISTRAR M. REGISTRAR'S SIGNATURE NOV 23 1984 Fina Dandon Ambre



requires that the death certificate be executed within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shows ony injury, or ather troumatic event, the medica

FOR

STATE OF MARYLAND

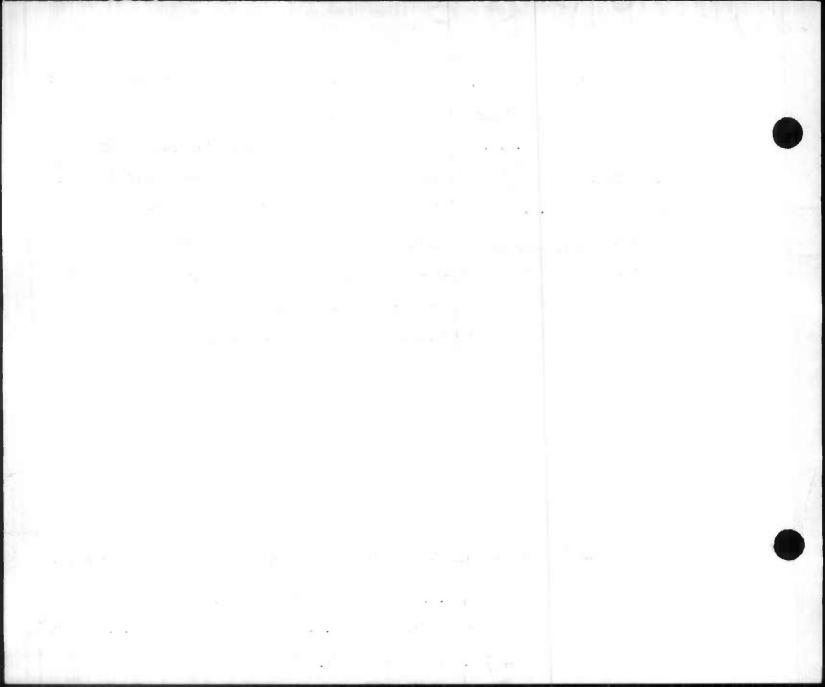
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

d d

9060

1.	- STATE REGISTRAR				CERTIF	ICATE OF D	EATH	REG	NO.				
	CEASED NAME	FIRST	A	AIDDLE	i	AST		20 DATE OF DEAT		DAY	YEAR	₹ HOU	JR .
(1454	E OR PRINT)	CHARLES	3	F.	M	ILLER			11	08	84	10	: 00m
3 SE	х		RACE		5. DATE C			6. AGE (IN YEARS LAS	T BIRTHDAY]	IF UN	DER I YEAR	IF UNDER	
	MALE		WHI	re	MONTH 5	15	^{YEAR} 25	59	Y	RS.	DATS	HOURS	MIN.
	IRTHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY	? 8	D NEVER M		9. BALTIMORE CIT			DEATH		
	aryland		U.S.A.		WIDOWE		ORCED	ANNE AR	IINDEI	COIL	NTY		MD.
10. C	ITY OR TOWN OF	DEATH 1	1. NAME OF	OSPITAL, NURS	ING HOME C			17a. USUAL OCCUP	PATION	11	b. KIND O		ESS OR
	. LINTHI		208	REGENCY	CIRCI	LE		Warehous	e Mg1	NG LIFE)	Tea	Co.	P
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	aryland	Α.	Α.	N. Lin	thicum		NO 🛣	208 Reger	icy C	ircle	21	090	
14. F/	ATHER'S NAME	M	IDDLE	LAST		15 MOTHER'S	MAIDEN NAM	ME	E		IAS	ST.	
	Harry		Gilbert	Mil	ler		Agnes	Elia	abetl	h	Pa		
	WAS DECEASED E		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMAT	41	AD	DRESS				
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CERTIFICATION	19a DATE OF OPE	RATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?			RE FINDIN		
FF								YES TO NOT	_	YES T	G CAUSES	OF DEAT	
ERT	710. ACCIDENT WAS	UNDERLYING	21b. TIME O	FINJURY		71c HOW IN	IURY OCCURR		-		OR PART 2)		
	OR CONTRIBUTING				DAY YEAR								
MEDICAL	714 INJURY OC	MEDICAL EXAMINER)	71e. PLACE (19	ZII LOCATIO	Ň						
ME	WHILE TO NO	T WHILE		EET, FACTORY, OFFICE	E FARM, ETC)	STREET		CITY	NWO1 R		COUNTY	5	STATE
	27a I certify tha		al) attended the	e deceased from			, 19	, to		, 19		that (I) (we) last
	saw the dec	eased alive on_ e)(did) (did nat	way the bady	ofter death	, or	nd that in (my) (our) opinian	death occurred an th	e date and	haur and	from the	couses st	ated
	776 SIGNATURE	ey(dia) (dia hai	view the body	arrer dearn.		DEGREE		-			22c DATE	SIGNED	
	/	tel	ee	-	/		TTENDING PHYSICIAN	MEDICAL S	TAFF	1	11/8	1/84	4
	22d. PHYSICIAN	S NAME (TYPE OR	PRINT)			27e ADDRESS	9	DIRECTOR 111	JICIAI L		- 1	1 1	
	LAKSHMI	PATHY S	EENIVAS	AN, M.D.		606 I	IAMMOND	S LANE, 2	1225				
	BURIAL, CREMATK	ON, REMOVAL	23b. DATE		NAME OF C	EMETERY OR C	REMATORY	73d LOCATION	2		UNTY	-	STATE
	Buri	.a1	11/10/	84	Glen Ha	aven M.	Ρ.	Glen Bur			A.	Mar	yland
74 F	UNERAL DIRECTO	R		ADDRESS		21229	25a. DAT	E REC'D. BY REGISTI	AR 25b. RE	GISTRAR'	100		
H	UBBARD F	UNERAL I	HOME. I	NC. 4107		ENS AVE	NOV	9 1984	0.32	Decydo	on Ad	ndall	,

DHMH - 16 50M 4/83 (VRA 15, 4)



executed within 24 hours ofter

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician

TO HOSPITAL

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND I		NB a 2	90	6
1		CEASED NAME FIRST	MIDDLE	LAST	T	O DATE OF DEATH MONTH	DAY YEAR	26 HOUR
١	(FYPE	Louise	Duckett	Moders		11/2/84		5 30 M
1	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1		Female	Caucasian	3 31	10	74	YRS.	MIN.
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVERA	AARRIED 9	BALTIMORE CITY OR CO	UNTY OF DEATH	Mark to be
		Md	u.s.		VORCED	Anne Arund	el	MD.
	10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL			20. USUAL OCCUPATION		OF BUSINESS OR
)	~	verna Park	Meridian Nul	rsing Cens	ter	HIDMINISTER	160 Sel	tool
	USUA 13a S		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE A NTY 13c. CITY OR TOWN		ITY LIMITS?	3e.STREET ADDRESS / ZIP	CODE	21401
2		Md Anne	Arundel Annapoli	S YES [NO 🛛	881 Club	Nouse View	J. Ann. Md
	14 FA	THER'S NAME FIRST	MIDDLE LAST		S MAIDEN NAM!	MIDDLE	LA LA	51
	-	ertan	Duckett	I		ADDRESS	Johns	dn
П		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (# YES, GN	RMED FORCES? 166 SOCIAL SECUR	01127	NT MI	2649	OGLETOR	HED.
	1Vo	HAT SOUTH	577-67-8	8493 HOCELY	IN 1.1. T	JUNIN AWN	Applis	COPIL. CLAO
1		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for to), (b), and	(c).)			BETWEEN	ONSET AND DEATH
1			TE CAUSE (0)	maye	cump	<u> </u>		
			DUE TO, OR AS A CONSEQUEN	NCE OF				
	01	Conditions, if ony, which gove rise to immediate	(b)					
1		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN	NCE OF				
			((c)					
	NO		CONDITIONS CONTRIBUTING TO DI	OL9th.	. 11.	un Syndu	N GIVEN IN PART I	10'
)	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH O	OPERATION WAS PERFO	RMED		IF YES, WERE FIND	
5	TIF	- 1100				YES NO	YES [NO [
1	CER	710. ACCIDENT WAS UNDERLYING			JURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	F-11-
	CAL	OR CONTRIBUTING CAUSE OF DE.	MIN	19		STATE AND THE		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC.) 211. LOCATIO	N	CITY OR TOWN	COUNTY	STATE
	~	AT WORK AT WORK		3111		11	PL.	
			ntol) ottended the deceased from	3116	19 4	_, 10	1901	that (1) we) lost
		so ceosed five or object (ve) (did Vdid no	view the body ofter death.		(our) opinion de	eath occurred on the date on		
		22b. SIGNATURE	0	DEGREE	ATTENIDING .	MEDICAL STAFF	22t. DATE	SIGNED
4		/ len c	samour		- Alle	DIRECTOR PHYSICIAN		3187
		224. POYSICIAN'S NAME (TYPE		22e ADDRES	- Din	O. And	- Augus	noting has
4	22.0	CVINE	(-) AMARA		144	NO(1000	July Con Co
	22	PEROTON REMOVAL	11/3/84 PE	DAP HE	CREMATORY	SUITARIA	DOG.	STATE
	24 FU	INERAL DIRECTOR		1 40	25g. DATE	REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNA	TURE
	TA	VLUE HUNERA	al CHAPEL HU	WAPAHIS, MI). NOV	8 1904		

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DHMH - 16 50M 4/83

(VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified at once

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fureral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

And & provided to death

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician

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STATE OF MARYLAND

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PEPARTMENT	OF	HEAL	TH AND	MENTAL	HYGIENE
CF	RTI	FICA	TE OF	DEATH	~

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•	g ₂ , rep		C.S.		-

THE CONTROL OF THE PROPERTY OF THE COUNTY OF		1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.	, 0	0 2
3. SEX RACE S DATE OF BIRTH A GE (INVESSISA) SENDING PART COUNTY OF DEATH	1			MIDDLE		AST .	20 DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
The BRIFFLACE STATE OF DEATH COUNTRY TO COUNTRY		(TYPE		V.	mo	ullen		Nov. 1	6.1984	A.M
TRESIDENCE (STATE DEFORMEN) TRESIDENCE (STATE DEFORMEN) TRESIDENCE OF WHAT COUNTRY? TRESIDENCE OF WHAT COUNTRY TRESIDEN		3. SEX	4. R	ACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST			
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IB CHY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION II. BUSIAL OCCUPATION II. BUSIAL OCCUP				CITIZEN OF WHAT COUNTRY?	8.	NIEVED MADDIED T	9 BALTIMORE CITY	ORCOUNTY	OF DEATH	
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USUAL RESIDENCE IP MORNON OR DEPARTMENT OF THE PROTECTION OF RESIDENCE BLOCK R	2	10. CI	TY OR TOWN OF DEATH			OR OTHER INSTITUTION				F BUSINESS OR
13 STATE)	E	Innapolis Ar		0	enal Hospital		1	Civil	Service
No part No p	1					113d INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP CODE	2140	1
THEST MODRE ADDRESS ADDRESS)	1	ND A.A	10.	115					
The WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SAME AS	7	14 FA		LAST				0	, IAS	
The port of the	6	-		Mulle	0	Anne	Mar	74	Ital	nenty
TIL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCOUNT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH PAM. 197. SIGN NOUNT OF COUNTRY (A) HOME SHREET, FACTORY, OFFICE, FARM, ETC) 216. INJURY OCCURRED WHITE NOT W	1		ES LO OBLINKNOWNI HE VES GIVE WA	R OR DATES	RITY NO.	17 INFORMANT	ADI	DRESK Sav	neas	
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DUE TO, OR AS A CONSEQUENCE OF (b)				Bar A Share A	alety	tailers			4	Ren
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The I certify that (I) (this backdot) attended 1 toward from 19 8 , to 19 9 , that (I)		ED	21d. INJURY OCCURRED				CITY OF	PIOWN	COUNTY	STATE
and that in (my) our) opinion death occurred on the date and hour and from the couses stated above (1) well did (did not view through after death. DEF PREE ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/7 THE PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/7 THE ADDRESS		X	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	PAREE	Cilvo	1		STATE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. DATE SIGNED 214. PHYSICIAN S NAME (2114 CH2041) 214. PHYSICIAN S NAME (2114 CH2041)			22s.1 certify that (I) (this has idol)	attended ye defeased from	,	11/2 1084			1984	that (I) (ve) last
THE SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI		57		ew the body of earth.	<u> </u>	nd that in (my) our) opinion o	death occurred on the	dote and hou	ond from the	couses stated
THE ADDRESS 21401				111	2.	77 77 1			22c. DATE	SIGNED
I ST I V -: AND ASSE ST TO THE	1		1 Charl	1cun) 4	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY		11/7/	184
S. David Krimins MU 25 Shaw Street Annapolis Mil			214 PHYSICIAN'S NAME (119) OFFICE	NT.		72¢ ADDRESS			71	1401
			S. David K	irimins M	0	25 Shaw	Street	Anna	polis	mil

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be tiller with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal. with the State Dept, of Meditin and mental rayyous processing the state of the medical expanses in the

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Cremation 24 SUNERAL DIRECTOR Chapel- Annapolis Mi uneval

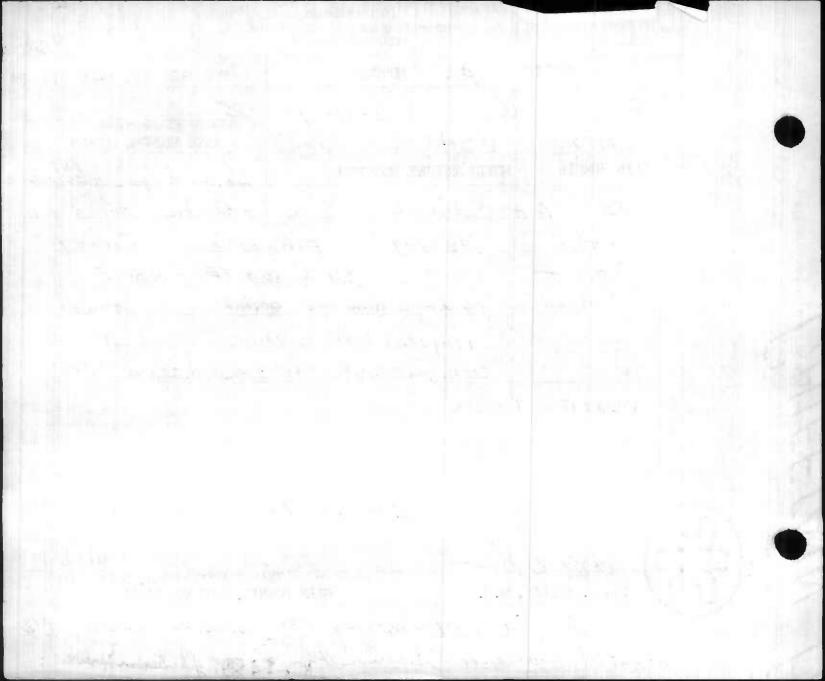
236 NAME OF CEMETERY OR CREMATORY

Sutand

250. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S STOP ALLERS 1984

Got at the second of the second of the second

1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.	6 _{ES}
	RPRINT) PETTIE	A MURPHY	NOVEMBER 10, 1984	310 A
3. SEX	F. 4. R/	S. DATE OF BIRTH MONTH 2-18-9	g SS yrs.	IF UNDER 24 HRS. HOURS MIN.
50 "	DUNTRY) MD	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCE	ANNE ARUNDEL COUN	
54 10 CITY		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	F BUSINESS OR
130 ST	ATE MD 136 COUNTY	R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. CTY OR TOWN TRING LA YES NOS	330 Jones STATIC	NRO
120	HER'S NAME FIRST telew MIDDI	MURPHY FI	ORENCE FINN	EY
	AS DECEASED EVER IN U.S. ARMED S. NO OR YANDWN) (IF YES, GIVE WAI		WHITE - ABOVE	
event, the	PART I. DEATH WAS CAUSED BY IMMEDIATE CA		grest Imm	mate interval onset and death
o control o cont	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF 15	chemic Mi	rester
or other	couse (o1, stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	rdioxese disease y	2025
	resomethy	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE		
RTIFIC	90 DATE OF OPERATION J	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES NO YES	
pm / 23	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ((IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 216. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
N W	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY	STATE
27 ts mg	220.1 certify that (1) (this hospital) saw the deceased alive on obove, (1) (we) (did) (did not) vie	MOV. 10 19 87, and that in (my) (out) of	pinion death occurred on the date and hour and from the	
# Hea	726. SIGNATURE	DE GREE ATTENE	IAN DIRECTOR PHYSICIAN	11/50
7			7845 OAKWOOD ROAD, SUITE	200
MPORTAN	IRA E. KAPLAN		BURNIE, MARYLAND 21061	200



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be
eroned by the hospital or otherding physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 8
should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Load 2 should be filled within 72 hours ofter death
with the Stote Dept. of Heolih and Mental Hygiene prior to burial, cremotion, or removal.
IMPORTANT: If them 21 is morked or them 18 stocks only injury, or other troumotic event, the medical edition of hours, or hours of ports.

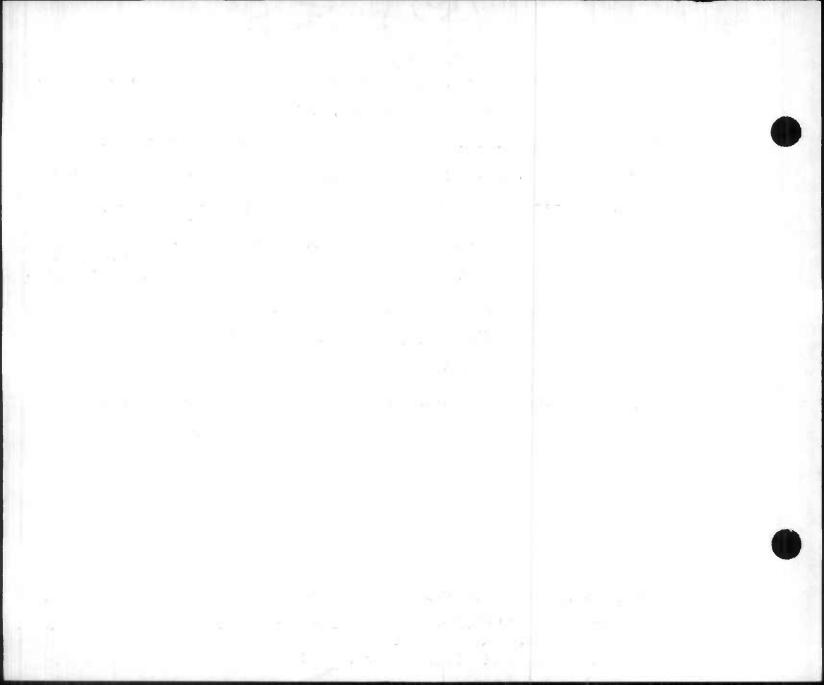
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG	REG. NO.	0 6 4
1. DEC	CEASED NAME FIRST	WIDOLE	l	AST		AY YEAR 26 HOUR
(TYPE	Ber	nard J.	Mu:	rtaugh	November 19	, 1984 11 AM
3. SEX	X	4 RACE	5. DATE C			E UNDER LYEAR OF UNDER 24 HRS
	Male	White	Nov	10, 1912	72 YRS.	DATS HOURS MAN.
7e. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
	ryland	U.S.A.	WIDOWE		Anne Arundel	Co. MD.
	ity or town of DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G. HOME - 22	NURSING HOME C	ea Beach Rd	(TYPE OF WORK FOR MOST OF WORKING LIFE Brakeman	126 KIND OF BUSINESS OR INDUSTRY Railroad
USU	AL RESIDENCE (# NURSING HE HEESTATE 13 COL	INTY ISTITUTION, GIVE RESIDE		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET ADDRESS / ZIP CODE 611 Washburn	21225
14. FA	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	WE	(AST
	Thomas	Murta	ugh	Catheri	ne	Kennedy
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRESS Bal	to. 21214
	NO	215	05 843	Margaret	Manno 6609 Fa	ir Oaks Ave.
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF ONSEQUENCE OF OF RALLZING TO DEATH BUT	NOT RELATED TO THE TERM SCASE WI	IN CERTIF	are
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18. P.	
MEDICAL	(IF EITHER NOTIEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJUR' (AT HOME STREET, FACTOR	Y Y, OFEICE, EARM, ETC.)	21 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (this has		19 634 , o	nd that in (my) (our) opinion DEGREE ATTENDING	deoth occurred on the dote and hour MEDICAL STAFF DIRECTOR PHYSICIAN	ond from the couses stated 22c. DATE SIGNED
	224. PHYSICIAN'S NAME	MARINE A. A	2)	27e ADDRESS		MDSIZZZ
230 5	BURIAL CREMATION, REMOVA	MACHIRAN, N	1. U.	EMETERY OR CREMATORY	S AVE. BALTO.	III DIFF /
	(SPECIFY) Burial	11/21/8		athedral Ce	m Baltimore	Waryland
24 FI	UNERAL DIRECTOR Bal	to. Md.	ADDRESS 2122	250 DA	TE REC'D. BY REGISTRAR 256. REGIST	
G		ce 4001 Ri	tchie Hg	wy.	1 2 0 1984 Julian	Tavidson-Randas

DHMH - 16 50M 4/83 (VRA 15, 4)

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completely filled in by the functors I and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept of Health and Mental Hygiene prior ta burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

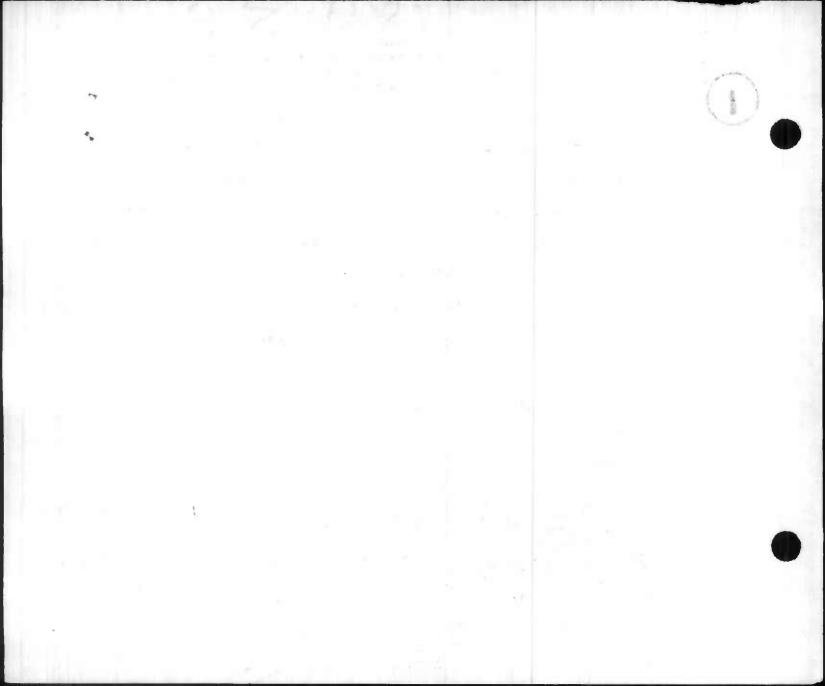
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1-	FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	9003
1. DEC	CEASED NAME FIRST	WIDDLE	(AST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE	JAME	3 CLARK	NE	<i>twson</i>	11 -	11-84 945
3. SE)	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS
	male	white	De	c.24,1908	75 YRS	
(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
	Charleston, S		WIDOWE		Anne Arundel	
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING	12h KIND OF BUSINES: INDUSTRY Self-emi
10000	Annapolis	Anne Arunde	el Ge	neral mosp	Ret. Lawyer	sell-em
13e. S	STATE 13b COL	INTY IS CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 680 America	
_	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	
	FIRST	C. Newsom		Daisy	WIDDLE	Brown
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRESS	
	yes, no or unknown) (IF yes, G	091-22	-4254	A Karla V.	Newsom same	
	18 CAUSE OF DEATH (Enter of	anly one cause per line for (a), (b), o	and Ich	* /		APPROXIMATE INTERV
		SED BY: ATE CAUSE (a) Live	. 6	Alman A		1 400
	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE CONTRACTOR OF THE CO		NOT BELATED TO THE TEXT	NINIAL DISEASE OF CONDITION	CINENI IN DADY
CERTIFICATION	190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	shar	ual was	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)
MEDICAL	WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	E FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
		pital) attended the deceased from 19 101) view the body after death.	CI	nd that ir (my) (poi) opinion	death occurred an the date and h	
	22h. SIGNATURE	isad	1/11	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE	SIC		220 ADDRESS 25 10 RIV	a Annapa	dis
(BURIAL, CREMATION, REMOVA (SPECHY) Cremation			emetery or crematory iew Cremato	ry Baltimore	COUNTY Md.
24. FU	UNERAL DIRECTOR	1 2 poer R	idgel	y Ave. 250 PA	EREC'D BY REGISTRAR 75% REG	ISTRACESIONAL PROJECTION
Н		ral Home An			V 1 3 1304 1	

DHMH - 16 50M 4/83 (VRA 15, 4)

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etoined by the hospital or offending physician.



physician and completely npapers. Pages 1 and 2 sh

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical be detached for use as the burial-transit permit. Then please random cartion pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation or removal.

etained by the hospital or attending physician.

STATE OF MARYLA
DED ADTMENT OF HEALTH AND A

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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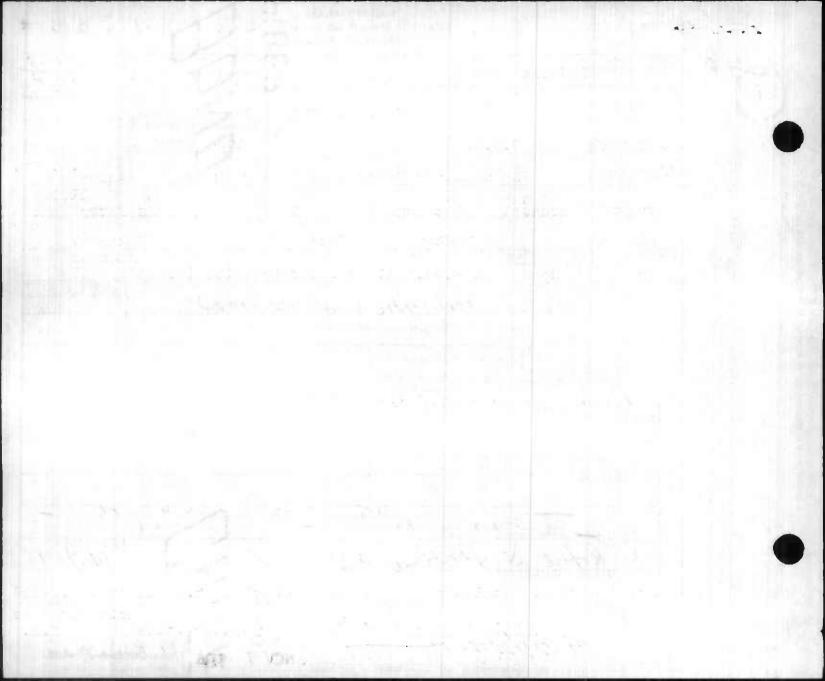
1. DEC	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR	26 HOUR.
(TYPE	PAULI PAULI	NE AGNES	NEWTON	November 4,	1984	100
3. SEX Female White			S. DATE OF BIRTH MONTH DAY YEAR NOV. 9. 1905	6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS	MONTHS DAYS	HOURS N
	IRTHPLACE (STATE OF FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUN Anne Arund	ITY OF DEATH	
10 CI	inthicum	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET 629 Hammonds	ING HOME OR OTHER INSTITUTION ET ADDRESS) ET Erry Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Teacher	12b. KIND QI	A. A.
13a S Ma	aryland Aru	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTYAnne 13c. City OR TO andel Linth	icum 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		21090 7 Roa
14 FA	ATHER'S NAME William	MIDDLE Newtor	15. MOTHER'S MAIDEN NA Kate	WIDDLE	Unknowr	
		IVE WAR OR DATES)	.5217 Mrs. Carol	ADDRESS yn Hill (Frie		.3
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	UENCE OF			
NOI	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c)		ainal disease or condition c	GIVEN IN PART 110	1
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO Affair Aff	UENCE OF	200 AUTOPSY? 20b. IF Y	GIVEN IN PART 110 YES, WERE FINDIN TIFYING CAUSES YES	IGS USED
MEDICAL CERTIFICATION	gove rise to immediate couse Io), stofing the underlying couse Iost. PART 2 OTHER SIGNIFICANT AS CUL) 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF LIFE ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO PROVIDE TO THE CONDITION FOR WHICH THE CONDITIO	DEATH BUT NOT RELATED TO THE TERM THOSE HOPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION	200 AUTOPSY? 200. IF Y	YES, WERE FINDIN TIFYING CAUSES YES []	IGS USED OF DEATH?
	gove rise to immediate couse los, stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT AS CUL) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF CHIEF WAS UNDERLYING TO CONTRIBUTING OR CONTRIBUTING AT WORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (14 to pp. 5 ow the deceased alive or obove. (I) (II) was a sow the deceased alive or obove. (I) (III) was a sow the deceased alive or obove. (I) (III) was a sow the deceased alive or obove. (II) was a solid light of the country	DUE TO, OR AS A CONSEQUENCE OF INJURY ATH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE TERM THOSE STREET 211. LOCATION STREET 19. Ond that in (my) (**	200 AUTOPSY? YES NOWN RED (ENTER NATURE OF INJURY IN ITEM 1 CITY OR TOWN	YES, WERE FINDIN TIFYING CAUSES YES [] 18 PART I OR PART 2) (OUNIY	STATE
	gove rise to immediate couse Io), stofing the underlying couse Iost. PART 2 OTHER SIGNIFICANT AS CUL) 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WMILE NOT WHILE ALL WORK 220.1 certify that (1) (1)	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DEATH BUT NOT RELATED TO THE TERM THE OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION DEGREE ATTENDING	200 AUTOPSY? YES NOWN RED (ENTER NATURE OF INJURY IN ITEM 1	YES, WERE FINDIN TIFY ING CAUSES YES (19 PART 1) OR PART 2)	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR & Singleton ADDRESS Glen Burnie, Md. Funeral Home,

250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE
NOV 7 COA Fulia Davidson Randolle.



(VRA 15, 4)

Wilbun Melvin Vichols Vovember 22,1984 ARCE S. DATE OF BIRTH Model To Apple To Ap		REG. NO.	CERTIFICATE OF DEATH	DEPARTM	STATE REGISTRAR	1-	
3. SEX RACE S.DALE OF BIRTH ACCIDITION B. AGE (INTERSIANS BRIPDON) SUPPRISON OF A STATE OF TOP ON A STATE OF T	26. HOUR 2:30	, v	ichols	2.1	OR BRIDGE		
BIRTHPLACE (STATE OR FORMON The CITIZEN OF WHAT COUNTRY WIDOWED NEVER MARRIED PART I DE ATH MARRIED SALTIMORE CITY OR COUNTY OF DEATH WIDOWED DNORCED Anne Arundel 178 KIND OF BE MUDDER 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 178 USUAL OCCUPATION OF MORRISOR OF BEHAVIOR OF RESOLUTION OF SIREET ADDRESS / LIP CODE PHONDSTRY 18 CITY OR TOWN OF DEATH 17 US ARMED FORCES? 18 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS MARRIED OR ARMED FORCES? 18 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS AMBIENT OF SALTIMORY	IF UNDER 74 HRS	78 MONTHS DAYS	5. DATE OF BIRTH	4. RACE			01
GLER BURNIE JUSUAL RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) JUSUAL RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) JUSUAL RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF INSTITUTION, GIVE RESIDENCE OF JUSTA RESIDENCE (IF NURS) NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF INSTITUTION, GIVE RE	<i>~</i>	9. BALTIMORE CITY OR COUNTY OF DEATH		76. CITIZEN OF WHAT COUNTRY?	RTHPLACE (STATE OR FOREIGN	7a. BII	16
136 STATE	F BUSINESS O	(TYPE OF WORK FOR MOST OF WORKING LIFE) INTOUSTRY	(incle	7853 Americana	len Burrie	-9.	M
Harry Hamilton Models 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	2106	7853 Americana (incle	VES NOX	TY 13, CITY OR TOWN	anyland Ann	130 S	24
18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF OUT OF COUSE (o) OUT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 10b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOW Y	et	Greenstre	Many Ellen		Hanny Hamilton	+	10
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	# 13	Nichols Same As		E WAR OR DATES)			1
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 216 PLACE OF INJURY (ALTHOME STOREL EARM FIG.) STREET STREET			EATH BUT NOT SELATED TO THE TERM	CONDITIONS CONTRIBUTING TO D	gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT (ATION	
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 714 INJURY OCCURRED 216 PLACE OF INJURY (ALL HOME STORET EACHORY OFFICE EARM FLC.) STREET STREET	NO DEATH?	YES NO YES YES				RTIFIC	1
	STATE		Y YEAR 19 21f LOCATION	P.M. 21e PLACE OF INJURY	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED		9
270 1 certify that (1) (this hospital) attended the deceased from sow the date and hour and from the courabove. (It is additionally when he body after beath. 270. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN AND PHYSICIAN AND PHYSICIAN AND PHYSICIAN AND PENNING TO PHYSICIAN AND PENNING TO PENNING TO PHYSICIAN AND		AAEDICAL STAFF DIRECTOR PHYSICIAN 23	DEGREE ATTENDING PHYSICIAN E	it view he body ofter electh. 19	sow the dry dily on obove, (1) and dily did no 27b. SIGNATURI		1

STATE OF MARYLAND

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	STATE OF MARTLAND					
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN					
STATE	CERTIFICATE OF DEATH					
REGISTRAR	CERTIFICATE OF DEATH					

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	d'a				

1		REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO					
4		EASED NAME FIRS	T N	NIDDEE	L	AST		2a DATE C	OF DEATH	HINOM	DAY	YEAR	2h HOU	R
1	(TYPE (NB	llie		N	orto/	K			11 0	72	84	4-	AM
1	1. SEX		4. RACE		5. DATE C		WE 4.D	6 AGE (IN	YEARS LAST BIRT	HDAY	MONTH	DER I YEAR	IF UNDER	A HRS
J		emale	Wh	ite	July	14	1907		7	7 YRS.	MONTH	DATS	HOURS	MIN.
4					8	~CL NEVER	MARRIED [9 BALTIM	ORE CITY O	R COUNT	Y OF D	EATH		
d		MD.	U.S.A	•	111	A 70		anr	re a	runc	tel			MD.
ξ	10. CIT	Y OR TOWN OF DEATH				R OTHER INS	TITUTION				12	L KIND O	F BUSINE	55 OR
Ì	0	mapolis	Unn	e avur	del	Gener	cel.	HC	USEWII	E	A.C.	MON	Œ	211
5	13a S1	TATE 13b C	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE	CITY LUAUTS?	13 STREET	ADDRESSA	TEIP SAS	Бтт	E COI	TDITI	10
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ĺ	14 FA	THER'S NAME FIRST	WIDDLE	LAST				ΛE	MIDDLE			LASI		
1		BENJAMIN		GRIFFIT	H									
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١				220-36-	9022	NANCY	TURNER	4444	OWENS	تابليل ا	- SU	DLEY	ROAI)
ı	\neg	18. CAUSE OF DEATH (En	ter only one cause per	line for (a), (b), an	d ici.i	,	- 4					BETWEEN	MATE INTER	VAL DEATH
ı				ardio	Jasc	ular	Coll	40CE						
	- 1		DUE TO OF					/						
1	ш	Conditions, if ony, which		Severa	car	diov	ascul	arc	1500	50		Y04	5	
				AS A CONSEQUE	ENCE OF									
	ш	underlying cause las												
		PART 2. OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	SEORCONE	OITION G	IVEN IN	PART 10		
	o o													
	S.	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	1		ORMED	20a AU	TOPSY?					
0	E	11/21/84	Sevi	ere de	3040	itus !	1/cors	YES 🗌	NO P			CHOSES		
4	8				AY YEAR	21c HOW I	NJURY OCCURR	ED (ENTER	NATURE OF INJUR	Y IN ITEM 18	PARTIC	OR PART 2)		
ſ	CAE		OF DEATH		19									
	ğ	21d. INJURY OCCURRED			ADAM ETC)				CITY OR TO	WH	c	OUNTY	51	TATE
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		·	1///	deceased from_	11/2	Ø	. 19 84	, ta	11/22		, 19_	24	hot (l) (v	ve) fast
		BIRTHPLACE (STATE OR FOREIGN DE COUNTY OF DEATH U.S. A. WIDOWED D MORCED D		ted										
	П	22h SIGNATURE	1011	44		DEGREE						22c. DATE	SIGNED	
		Davis	l of su	se M.	0							11/2	2/9	7
		224 PHYSICIAN'S NAME	TYPE OR PRINT	1		22e. ADDRE	SS						1	
		DAUID L	QUE			69	Fran	OKI	IN	5%.				

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL

14. FUNERAL DIRECTOR RAUSCH FUNERAL HOME

(SPECIFY)

ADDOWINGS, MD.

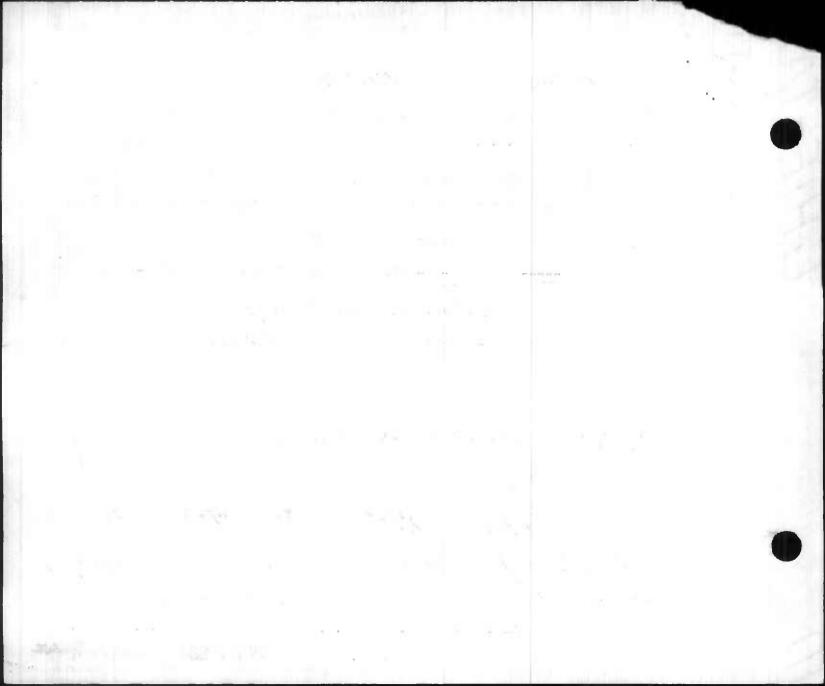
MT. ZION U.M. CHURCH

11/24/84

A.A.

MD.

LOTHIAN



executed within 24 hours after

p.e

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of the state Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERD

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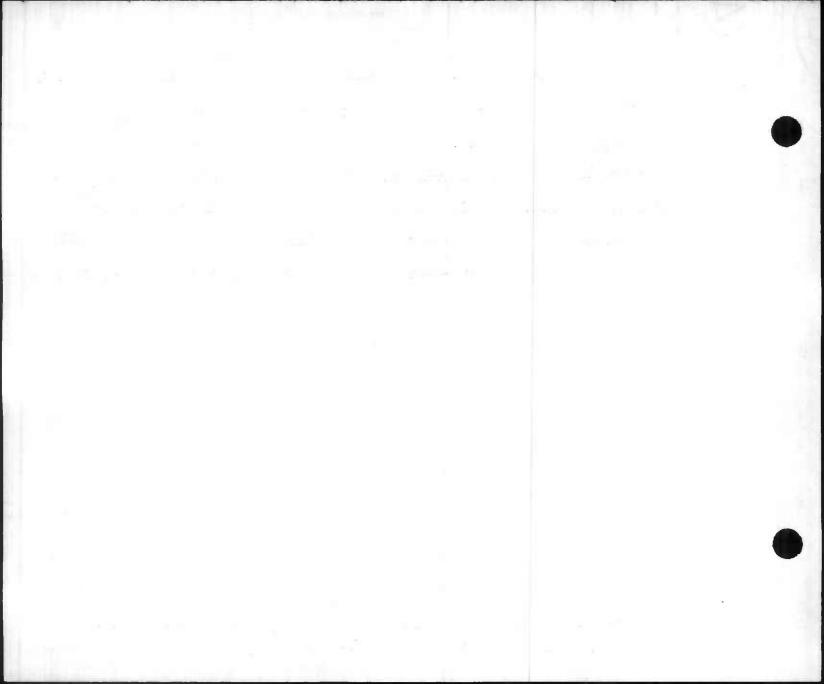
Ι.	REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. NO.			
	PECEASED NAME	FIRST		MIDDLE	U	AST		20 DATE OF D	EATH MONTH	DAY	YEAR	2b. HOUR
		Rose		S.	No	vak			11	5	84	8:001
3. S	Female	4.	RACE Whit	е	5. DATE C		17	6. AGE (IN YEAR	10	MONTE	DAYS	HOURS M
70.	BIRTHPLACE (STATE ORF COUNTRY) Kentucky	OREIGN 7b.		WHAT COUNT	RY? 8 MARRIEI WIDOWE	D NEVER			nne Aru	NTY OF	DEATH	
	CITY OR TOWN OF DEA Glen Burnie		(IF NOT IN SUC	H FACILITY, GIVE ST	RSING HOME C	ROTHER INS		120 USUAL OC (TYPE OF WORK FO Housew	R MOST OF WORKI	NG LIFE) IN	NDUSTRY	F BUSINESS
1130	UAL RESIDENCE (IF NURSI STATE aryland	NG HOME OR OT 136 COUNTY A . A	1	GIVE RESIDENCE BI 134 CITY OR I Glen I	OWN	13d INSIDE C	ио 🔀		DRESS / ZIP C rginia	Lane		061 A
14.1	FATHER'S NAME FIRST Prestor		DDLE	Bro	own	15. MOTHER	MAIDEN NAME		MIDDLE		'H	all
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		214-24	4-1455	17 INFORMA		9800 CI		1d 21 Rd F		llstow
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							I GIVEN II	N PART III			
CERTIFICATION	19a DATE OF OPERAT	ION	196. COND						F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO			
MEDICAL CER	OR COLUMNIA DE L'ALUSE OF DE L'EL POUR A.M. MONTH DAT TEAT				19	216 HOW IN	NC	RED (ENTERNATUR	E OF INJURY IN ITER		COUNTY	STATE
	27e I certify that (I) (this hospital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRE											
230	BURIAL, CREMATION, (SPECIFY) Buria		23b. DATE 11/8/	84	Cedar		CREMATORY emetery	Balt		9	YNIA.	144

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR George J. Ritchie Balto Md 4001 Gonce

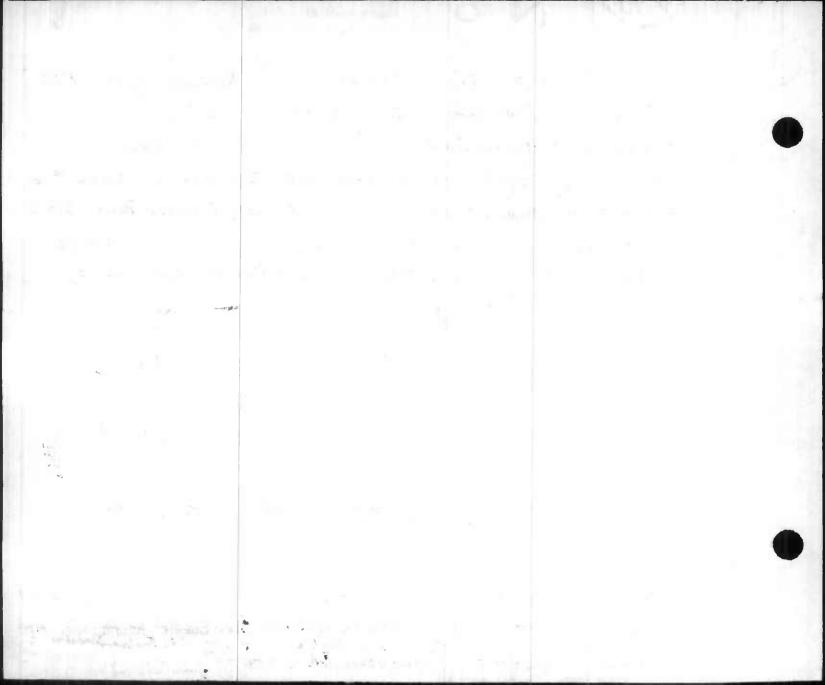
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE NOV 9 1984



19	7	1.	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEND 4	290	70
1	oge 3		CEASED NAME FIRST OR PRINT) WILL	ARD V.	OAKLEY	Novem	MONTH DAY	984 1:50 M
	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIR		R I YEAR IF UNDER 24 HRS.
	ge 4 r ector, rs offe		MALE	CAUCASIAN	JULY 10 1919	65	YRS.	
	2 32 6//		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	** MARRIED X NEVERMARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH
	1 1 10	IN	ORTH CAROLINA	UNITED STATES			MNDEL	MD
	1 11/1/	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI		KIND OF BUSINESS OR
201			INNAPOLIS	ANNE ARUXDEL	GENERAL HOSP	IRON WOR		BEAL # 16
D 21	2 2 2 Z	13a. S	STATE 13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		0
A			ARYLAND ANNI	EHRUKDEL HRNOLJ			HEDA PKI	WY. 21012
×	1 15 10	17	THER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAIDEN N	AME MIDDLE		(AST
X	1 11/321	V	CHARLES	OAKL	EY LELIA			BANKS
ALTIMORE	1 1 1		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRE	555	1
N N	1 2 1/	3	NO -	246-05	-0885 FRANCES Y	CAKLEY	(SAME A	3 13)
BALT	1000	W	18 CAUSE OF DEATH (Enter o	inly ane cause per line for (a), (b), o	and (cit)		L	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
- 2	rtificot physii on popi emovo event, t		PART I. DEATH WAS CAUSI	ATE CAUSE (o)	line arrest			
N N	o pulpo			DUE TO, OR AS A CONSEQ	HENDE OF 1			
PRESTON	e attendi move con nation, o		Conditions, if any, which	((b) () () () () () () () () (the thouse			
OC.	0 0 5 0 4		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	MENCE O			
≥	that the		underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF			
201	or rio		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN I	PARI III
DS,	quire sign then p to bu njury,	Z		Contract Con	JOHN DOLLING TO THE TEN	THE DISERSE ON COLV	DINOTI ON ETTEN	PACE TO
DIVISION OF VITAL RECORDS.	ow re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
OC .	5 9 9 5	E E				YES NO	IN CERTIFYING C	NO
IA	hysicior ficote h fronsit p Hygier	1 2	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21t. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI		
> F	physici physici physici physici pol-tronsi tol Hygi		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	(Little in the state of the sta		
Z	SK and	MEDICAL	116 EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION			
SIO	I F F - 0	MEC	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE		CITY OR TO	WN CO	UNIY STATE
>iq	or offer the as the olth and morked		AT WORK AT WORK			4 1/ -1	- G	
	7 _ ~ 5 0 10			pital) attended the deceased from	94	4 . to 11-2	. 19_8 '	that (I) (we) last
4	R ATTEND hospital o RECTOR: ved for use ipt of Heo			at) sew the body after death.	, did that in (my) (doil) opinio	n death accurred on the de		
	OR DIRE Depi		THE MIGH ANURE	110	DEGREE	/ MEDICAL STAL		DATE SIGNED
	7 4 7 4 0 1		18 197	700	PHYSICIAN	MEDICAL STAI		
	HOSPITA med by FUNERA old be de		ZM PHYSICIAN'S NAME THE	Cal Hand)	22e ADDRESS	4		
	O HO etome etome should with the MPOR		HOWARD D. C	KOLDSTEIN	RIDGELY	Ave. A	NNAPOLIS	1KD. 2:46
	T 0 - 2 3 SI	22- 5	HIDIAL CREMATION DEMONA	1 201 5 475	NAME OF CEMETERY OR CREMATORY	Tara LOCATION		-

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EN IN PART TO S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES 🗌 NO [PART I OR PART 2) COUNTY STATE 19.89 that (I) (we) last or and from the causes stated DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS GOLDSTEIN HOWARD 2:401 23a BURIAL, CREMATION, REMOVAL SPECIFUS BURIAL Nov. 5:1184 24. FUNERAL DIRECTOR BARRANCO FUNERAL

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	7 I EST
1	I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YE	EAR 26 HOUR
	LILLI	AN ETHEL C	OSTER	NOVEMBER 23, 198	4 315 AM
1	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I	DAYS HOURS MIN
	Female	White	July 15, 1900	84 YRS.	DATE TO THE TENT OF THE TENT O
	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED CONTROL CONTROL	9. BALTIMORE CITY OR COUNTY OF DEA ANNE ARUNDEL COU	NTY MD
-	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, NORTH ARUNDEL	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION 177PE OF WORK FOR MOST OF WORKING LIFET INDUSTRIBLE TO THE PROPERTY OF T	IND OF BUSINESS OR STRY
2		or other institution give residence before	TES NO X	310 Riverside Drive	21122
	Franklin	MIDDLE Jacob	15. MOTHER'S MAIDEN NA Katie	MIDDLE	achen
1	160 WAS DECEASED EVER IN U.S. A. (YES. NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 219-10-5	17. INFORMANT 5284 Mr. Hennan W.	"Pasadena, Md. Oster, Jr. 310 River	21122 side Drive
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	ence of ENCE OF	MINAL DISEASE OR CONDITION GIVEN IN PA	ulcors
1	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FIN CERTIFYING CA	NO
7		HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PA	Rf 2)
	OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	PARM ETC.) 211 LOCATION STREET	CITY OR TOWN COUN	STATE
	saw the deceased alive a above, (1) (we) (did) (did n	ontol) attended the deceased from		14, to 12319 A) death occurred on the date and hour and from	
	226. SIGNATURE	2 Sulin	M- / ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
	ANTHUL L	· Gudwin, M.	73 CLEN BUD	00 RITCHIE HIGHWAY	
	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	238 LOCATION CITY OR TOWN COUNTY	M STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital or

BP

IMPORTANT; If Hem 21 is marked ar Item 18 shows ony injury, ar other traumotic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or remaval.

1254 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
NOV 27 1984 Manufacture Burial Tick Neck Rds. Funenal Home of Basadens 24 FUNERAL DIRECTOR

10 To and the second of the second o and the second respective to the fight beauti

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

Enj	2	9	U	1	2

+	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO) / 6	
3.		Uhite Julizen OF WHAT COUNTRY? 8	ly 17, 1923	6. AGE (IN YEARS LAST BIRTH	YRS	DAYS HOURS	A DER 24 HRS
1		NAME OF HOSPITAL, NURSING HOMI IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	DNORCED DNORCED DE OR OTHER INSTITUTION NOT ALL HOS PITAL NI 13d. INSIDE CITY LIMITS?	Anne A 120. USUAL OCCUPATIO (1786 OF WORK FOR MOST OF 130 STREET ADDRESS /	WORKING LIFE IND	KIND OF BUSING	MD. NESS OR
0	FATHER'S NAME FIRST MODILE FIRST MODILE (VES NO OF UNKNOWN) (FEYES, GIVE WAR	FORCES? 166 SOCIAL SECURITY NO	15. MOTHER'S MAIDEN NA. FIRST 17 INFORMANT 3. EVENUE SCI	ME SUPPLIE ADDRES	A. A. B. B.	\$ 000 17 × 38 × 211	1 15 40
	Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COND	40061	Cerchia	AINAL DISEASE OR COND	/	APPROXIMATE IN METWEEN OMSET AND LOSSES AND	Slag
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERI IN CERTIFYING (YES]		ATH?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER_NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 2	1115 1984	9 211 LOCATION	CITY OR TOV	vN (0	UNITY Thot (f)	

TO FUNERAL DIRECTOR, after this certificate has been signed by the oftending physician and completely should be detached for use as the burial-transit permit. Then please remove corbangapers. Pages, Lend 2 should be detached for use as the burial-transit permit. Then please remove corbangates. Pages Lend 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal etoined by the hospital or offer

DHMH - 16 50M 4/83 (VRA 15, 4)

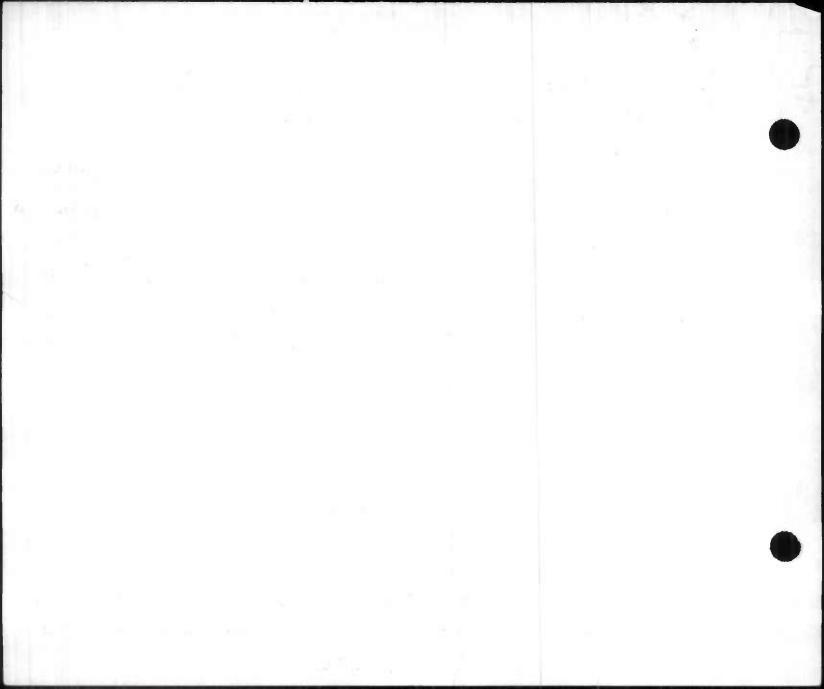
MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical

236. DATE

STAFF DIRECTOR | PHYSICIAN

MEDICAL

256 DATE REC'D. BY REGISTRAR'S SIGNATURE OR 1984



1	2
(To the same
eath. Poge	n 72 hours
on other d	by the tu
uires that the death certificate be executed within 24 hours after death. Page	igned by the attending physician and completely filled in by the turned direction and please an please emoye continued upon a please and a should be filled within 72 hours of the
w payroax	nd comple
ficote be s	shysican a papers. Pa
death cert	igned by the attending physical places remove cartern
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

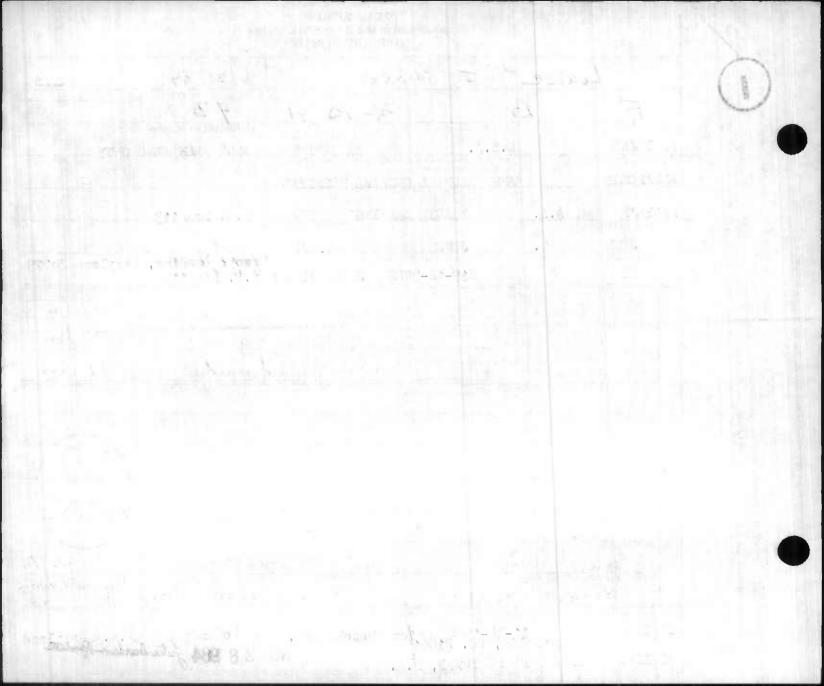
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FOR STATE REGISTRAR		DEPARTMENT OF HEAL CERTIFICA	TH AND MENTAL HYGI ATE OF DEATH	REG. NO.	901	J
1. DECEASED NAME (TYPE OR PRINT)	ouise J	11)		20 DATE OF DEATH MONTH 11/21/84		HOU
3. SEX	4 RACE	5. DATE OF BI	IRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOL	NDER
70. BIRTHPLACE (STATE COUNTRY) MARYLAND	U.S.A.	MARRIED L		9 BALTIMORE CITY OR COUL		
ANNAPOLIS	(IF NOT IN SUCH FACILIANNE AR	ITAL, NURSING HOME OR O LITY, GIVE STREET ADDRESS) RUNDEL GENERAL		120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKIN	126 KIND OF BUI	SINE
USUAL RESIDENCE (IFN 130. STATE MARYLAND				13e. STREET ADDRESS P.O. Box 113	20779	
14. FATHER'S NAME FIRST JOHN		LAST ONES	MOTHER'S MAIDEN NAM FIRST SARAH	WIDDLE	GREEN	
160 WAS DECEASED EV	(IF YES GIVE WAR OR DATES)		INFORMANT ELEN MULLEN	Tracys Landing P.O. Box 113	, Maryland	20'
18 CAUSE OF DE PART I. DEATH	ATH (Enter only one cause per line for WAS CAUSED BY: IMMEDIATE CAUSE (a)	arial, (b), and ich	red		APPROXIMATE BETWEEN ONSET	AND D
Conditions, if a gave rise ta cause (a), ste	ny, which (b)	A CONSEQUENCE OF LEVELUS	resperating.	amest	72 1	ve
PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO		IN CE	YES, WERE FINDINGS I RTIFYING CAUSES OF D	EAT
OD CONTRIBUTION [CAUSE OF DEATH HOUR A.M.		c. HOW INJURY OCCURR	YES NO		0 [
21d, INJURY OCC	JRRED 21e PLACE OF IN		LOCATION	CITY OR TOWN	COUNTY	57.
sow the dece abave, (I) (we	(1) (this hospital) ottended the decosed olive on 11 2 D	1984 and th	at in (my) (apinion d	eath occurred on the date and	hour and fram the cause	
22% SIGNATURE	vel bluver	DEG M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGN	IED 4
6/ Gt	NAME (TYPE OR PRINT)	1		snow Ron	Stronn	111
230 BURIAL, CREMATIO (SPECIFY) BURIAL	11-24-19	84 Union Chu	rch Ceme	23d LOCATION CITY OF TOWN McKendree	COUNTY	51/
24 FUNERAL DIRECTOR WILLIAM RE	Annapolis, Md. ESE & SONS MORTU	41400	NU\	2 8 1984 June	BIS MAN SIGN AND	a W

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The In-related by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

9

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYC	REG. NO	2 9 0	74	
		C. IOCO	IRST /	WIDDLE	AST	20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR	
	(TABE C	OR PRINT) HOW	ard El	of Peter	rson	November	18,1984	12:10 ^P	
	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT			
		Male	Whi	te June		64	YRS	DAYS HOURS MIN.	
1		THPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	тн	
-		w York	U.S.			Anne Aru	undel	MD.	
1	110	YORTOWN OF DEATH inthicum		HOSPITAL, NURSING HOME (HEACILITY GIVE STREET ADDRESS) ITCLE DRIVE	DR OTHER INSTITUTION	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Upholster		unting	
	13a. S1	residence (# Nursing TATE 13t ryland	HOME OR OTHER INSTITUTION. COUNTY A.A.	give residence before admission) 132 City or town GlenBurnie	134. INSIDE CITY LIMITS?		ZIP CODE Le Drive	21090	
-	14. FA1	THER'S NAME Elof	F. P	eterson	Is. MOTHER'S MAIDEN NA Edith	MIDDLE	Ca	rlson	
		AS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	ss 594 G1	en Court	
	(11	Yes	W.W. II	218.07.319	Howard D.	Peterson		len Burni PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
		Conditions, if ony, w gove rise to immed cause (a), stating	hich (b)	RAS A CONSEQUENCE OF A consequence of RAS A CONSEQUENCE OF	EQUENCE OF Lakerol Schemesis			24hs	
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
5	CERTIFICATION	19e DATE OF OPERATIO	N 196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA		
7		21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY YEAR M. 19	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PA	ART ?)	
	MEDICAL	WHILE NOT WHILE AT WORK	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARM, ETC)	21f LOCATION STREET	CITY OR TO	wn cour	NTY STATE	
		sow the deceosed obove, (I) (we) (did)	is hospital) attended the body (did not) view the body	e deceased from VAN 19 F4, o ofter death	nd that in (my) (our) opinion	death occurred on the do		m the causes stated	
		Paul O	meyer	mo		MEDICAL STAF	F A	DATE SIGNED ROU 89	
		PAUL.	O Mayer.		LOC H	MMMEROS	Cane		

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is should be detached

23a BURIAL, CREMATION, REMOVAL

Burial Nov 21,84 Glen Haven Mer FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, MD 24 FUNERAL DIRECTOR

236 DATE

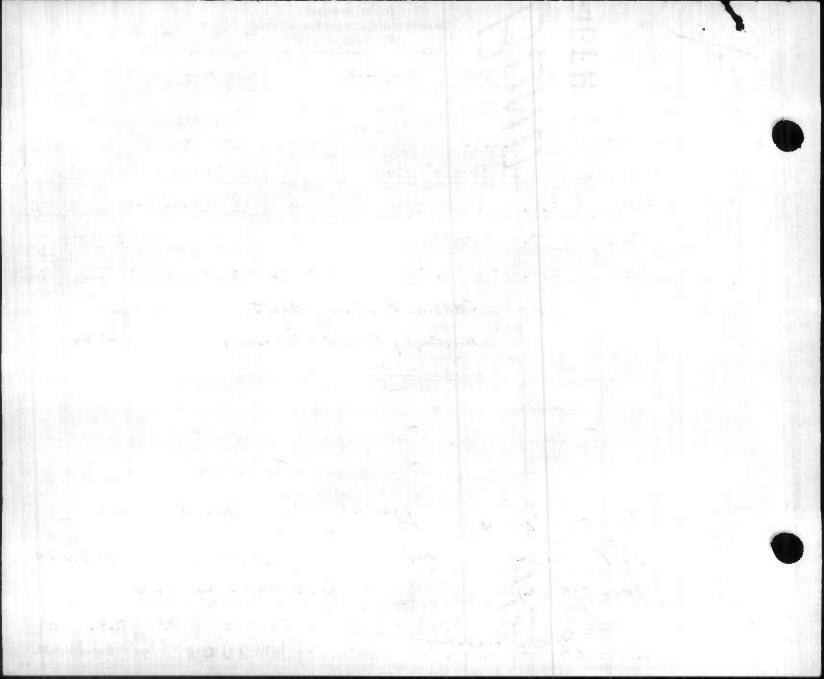
23d LOCATION
CITY OR TOWN
Glen Burnie Glen Haven Mem Pk Glen Burnie A.A. MD

150 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Then Burnie, MD NOV 20 1984 June Davidson-Aindare

MD

A.A.



3	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.) 0 /
'	1. DECEASED NAME FIRST		MIDDLE	į.	AST .	20. DATE OF DEATH MONTH	DAY YEAR 26
	LOLA	I	PI	ELPS		NOVEMBER 09	, 1984 •2
	3. SEX	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS H
	Female	Whi	ite	May		77 YRS	
90	76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
Ŋ	Maryland	US	SA	WIDOWE		ANNE ARUNDE	L COUNTY
77	10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12h KIND OF B
14	GLEN BURNIE	NORTH	ARUNDEL I	OSPI'	TAL	Homemaker	INDOSIKI
1/	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COU	INTY	13c CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE
Z	Maryland AA	1	Severn		YES NOXX	8364 New Cut	Rd. 21
0/	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	1,651
AU	Joseph	Duke	Clark	700	Sarah	Isabel	Clar
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		vern, MD
/	No	THE THE ON DESIGN	216-18-5	631	Norman E. P	helps, 8085 Tele	egraph Rd.
*	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS		line for (a), (b), and	lici	0 1	1.	APPROXIMA BETWEEN ONS
		ATE CAUSE (0)	Acute 1	myox	ardia in as	etin	Hou
		DUE TO, O	R AS A CONSEQUE	NCE OF	4 10	4	
	Conditions, if any, which	((b)_	helt com	ans	antery odell	Sim	Hour
	gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	0	1	Va
	underlying couse last.	(c)_	HYPERTENS	SPUE	Caronary	HATTY JASS	ASE /EA
		CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION C	SIVEN IN PART 110
	@ 4mestc	173R2	LL ATTO	N +	ARTRICA	L ZMOLIZI	49 For
/	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDING! TIFYING CAUSES OF
/	11/8/84	Mag	TREAC 2	MBOL	TATEON	1.20	YES
/	OR CONTRIBUTING CAUSE OF DE	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	ALC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	B PART 1 OR PART 2)
	S (# EITHER, NOTHY MEDICAL EXAMINE	ER) P.	M.	19		THE SECTION AND ADDRESS OF THE PARTY OF THE	
	21d INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC }	21f LOCATION STREET	CITY OF TOWN	COUNTY

220 1 certify that (1) (this hospital) attended the deceased from NOVE - 13 sow the deceased alive on 100 100 92 92 obove, (1) (wa)(did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN

STATE OF MARYLAND

22d. PHYSICIAM'S NAME ITYPE OR PRINT

NOT WHITE

MARYLAND 21108

236 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Nov. 12,84 Nichols-Bethel Cem. Buria

23d LOCATION Odenton

STATE MD AA

EST 26 HOUR

19 FOR ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?

12h KIND OF BUSINESS OR

21144

Clark

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hours

NO [

STATE

24 FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, MD

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

If Nem 21 is morked or Item 18 shaws ony injury, ar other troumatic event, the

r use as the burial-transit permit. Then Health and Mental Hygiene prior to bu

shauld be detached for use TO FUNERAL DIRECTOR:

MPORTANT

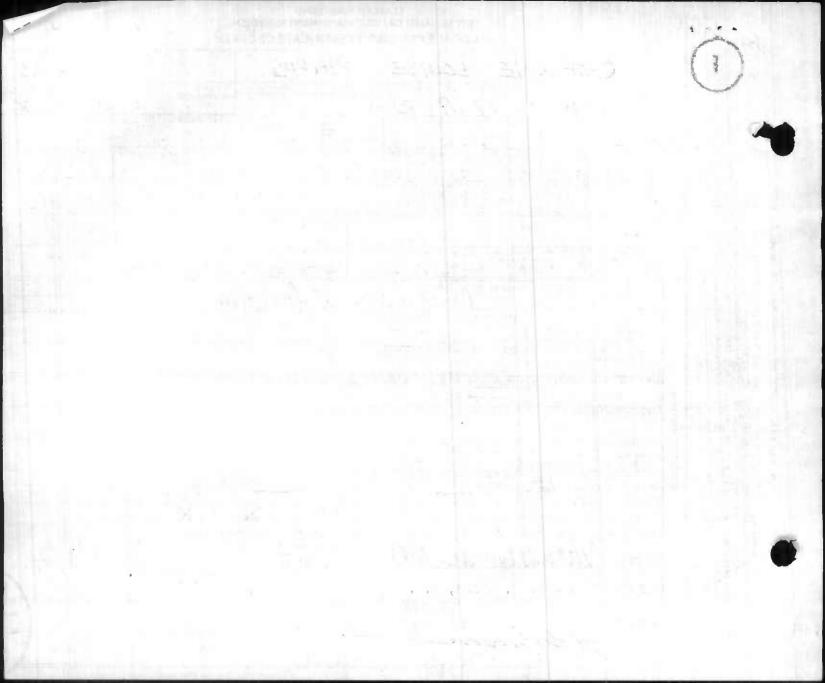
ATTENDING

	ALAM III AMILI .			
MOVEMENT ON THE CASE OF				
YOULD JEWELL DVA				
	JATT9201 380	Mista Image		
			district the second	
	The way of the second state			
	Art gat a Maria			
BOLLS ODER TIDE OLD		J	R. DAVID FOR	
		I. Yayan Mila Mila B		

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE

		REGISTRAR			ME	DICAL	EXAMIN	ER'S	ERTIFI	CATEO	F DEA	TH RE	G. NO.			
		CEASED NAM		THER	ZINE	LOU	USE		PHI	PPS		20. DATE KNOW OF ESTI- DEATH MATE	□ No	v 30	1984	26 HOUR
12		male	Wh	ite	5. DATE OF BIRTH	09	6. AGE (IN YEA	MONT		HOURS	MIN.	PRONOUNCED DEAD	Nov	30	1984	2d HOUR
2		RTHPLACE (S	TATE OR		76 CITIZEN OF W		TRY?	8. MARR	ED X NE	VER MARRI	ED 🗆	9 BALTIMORE C	ITY OR COL	JNTY OF	DEATH	
1		rgini				5.A.		WIDOW		DIVORCE		Anne A	runde	2]		MD.
11	10 CIT	Y OR TOWN	OF DEA	TH	11 NAME OF HO			, OR OTH	IER INSTITU	NOITU		JAL OCCUPATION			ND OF BU R INDUSTR	
1		en Bu			North A				tal		C1	lerk		Ci	vil	Serv
6	130 ST		1	13b COUNT	r other institution, of ty ARunde 1	13c. CITY	BEFORE ADMISSION OR TOWN		13d INSIDE	CITY LIMITS?	13e STRI 21	eet address 2 Magno	olia	Aven	ue 2	1122
	14 FA	THER'S NAM	E		MIDDLE		LAST		15. MOTH	ER'S MAIDE	N NAME	MIDDLE			LAST	
26		Georg	е		MIDDLE	Bel				ther	ine	Loui	se	Hall		
		AS DECEASE		IN U.S. ARM	AED FORCES?	16b. SO	CIAL SECURITY	Y NO.	17 INFOR			ADD	RESS Sa	me a	s 13	3
		No	DWM)		one	226	.16.4	002	Lawr	ence	R.	Phipps	(Hus	band	1)	
	N	gave recause (a lying car	ise ta) stating use last.	iny, which immediate the <u>under</u> -	(b)	R AS A CON	ASEQUENCE C	OF	E OR CONOITIC	ON GIVEN IN PAI	RTTal					
2	CERTIFICATION	19a. DATE OI		_			WHICH OPER								AUTOPSY?	NO []
3	MEDICAL CE	21a EXTERNA UNDERLYING CONTRIBUTE 21d INJURY O WHILE AT WORK	G G	OR AUSE OF D WHILE	DEATH P.A	M. MONTH		21f. LO	CATION	Y OCCURRE	D LENTER P	VATURE OF INJURY IN II	EM 18 PART 1 O	COUNTY		STATE
7		22a I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	name	Notur	e of the remains de al causes X, Wall Wall as M. Wal	Accident	MO.	Autop	, Hami	Inspection icide	Under	Inquiry X. ermined manner ICAL EXAMINER FOR THE PROPERTY OF		TE //	130/	84
	(5)	JRIAL, CREMA PECIFY) ntomb	ATION, R		Dec, 3, 19		NAME OF CEA		R CREMAT	em	Bal	ortion timore		COUNTY	Mary	, land
	24. FU	NERAL DIREC	сто	46	Vnee.	ere			-		REC'D. BY	REGISTRAR 256	REGISTRAR	SSIGNAT	URE	
	Si	nglet	on	Funer	ral HOm	e, Gl	en Bu	ırni	e,MD	DEC	4	1984 Pul	ia David	son-4	indell	Þ



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

REG. NO. 20 DATE OF DEATH 26 HOUR 1 DECEASED NAME FIRST TYPE OR PRINTE mer 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 9 BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 30 STAT 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Tab. (IF YES, GIVE WAR OR DATES) (YES, NO OF UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita CERTIFICATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON YES [NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS NAME OF CEMETERY OR CREMATER

DHMH - 16 50M 4/83

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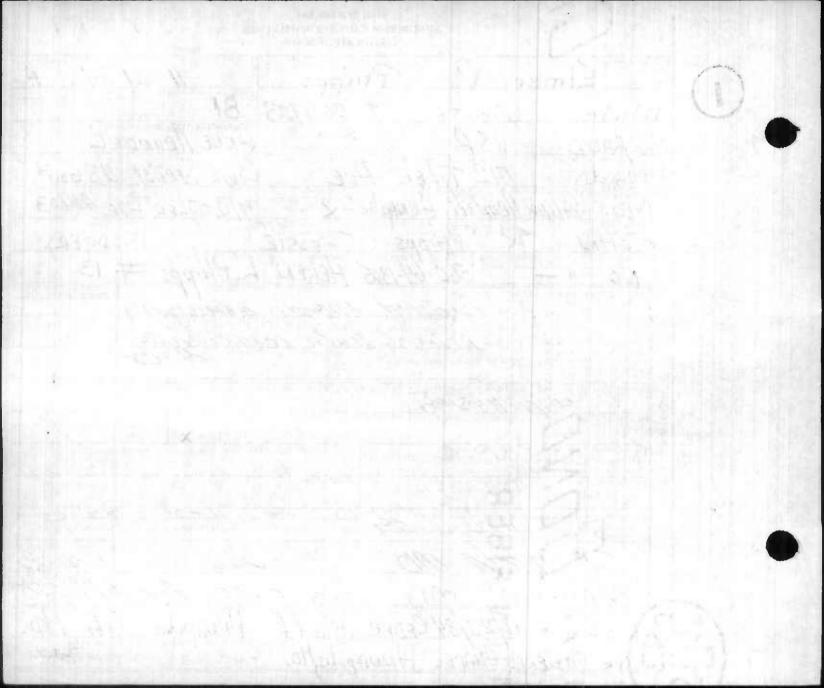
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STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
DEI ARTIMENT OF INCASTIN AND INCIDENT
CERTIFICATE OF DEATH

RTMENT OF HEALTH AND MENTAL HYGI	END 4	2	9	0	1	
CERTIFICATE OF DEATH	REG.	NO.				
LAST	20. DATE OF DEATH	HINOM	DAY	YEAR	, 2	b HC

	1 -	STATE REGISTRAR		CERTIFICATE OF	DEATH	REG. NO			
		CRASED NAME FIRST OR PRINT) MAGE	Sherbert	PHIPPS			11 5	84	HOUR
	3. SEX	Female	White	5. DATE OF BIRTH	5 YEA 98	AGE (IN YEARS LAST BIRTH	YRS	S DAYS HO	UNDER 24 HRS OURS MIN.
1	n	land land	CITIZEN OF WHAT COUNTRY?		MARRIED	Anne A	runde	L CO	MD.
5	A	nnapolis A	OPE ACLIDATE	Ceneral H		TE PE WORK FOR MOST OF	WORKING LIFE) IN	Hom	
)	13a S	RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY	PER INSTITUTION, GIVE RESIDENCE BEFORE	N 134 INSIDE O	NO D	STREET ADDRESS	e Ave	tol	
	(THER'S NAME FIRST COCCE MIDE	. Sherber	rt Emm	S MAIDEN NAME	MIDDLE	Re	LAST	5
	16a W	VAS DECEASED EVER IN U.S. ARMED		7962 Lou	is N.P	hipps Jr	-Annayo	wate lis,MI	21401
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	Y: CODY	O KESDIA	PATORY	APREST		APPROXIMAT BETWEEN ONS	S O
		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	S-VACULA ENCE OF SCIEROTIO	CAPTIC	- VASCULA	aR /x	YRS	Jieq .
	NO	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED	TO THE TERMINA	L DISEASE OR COND	ITION GIVEN IN	PART No	
	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION WAS PERFO		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH JIF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.		JURY OCCURRED	ENTER MATURE OF INJURY	IN ITEM 18 PART TO	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F			CITY OR TOW	N	COUNTY	STATE
		22a.1 certify that (1) (this hospital) sow the deceased alive on above (1) (we) (did) (aid not) vi	NOU. 4 19=	TAN 1	(our) apinion deal	th accurred on the dat			
		Barry P.	40 Canxo	- LIVIL	PHYSICIAN D	AEDICAL STAFF		11/C	/gel
		22d RHYSHTAN'S NAME (TYPE OF PR	MANALESA	220. ADDRE	FDALWI	TAIST	Anni	O M	VA.

733d LOCATION

CITY PRIOWN

A. H.

COTO

COT 230. BURIAL, CREMATION, REMOVAL NAU. 336. NAME OF CEMETERY OR CREMATORY
St. James 1984 250 DATE REC'D.

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be file.

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician. should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

marked or Hem 18 sh

IMPORTANT: If Hem 21 is

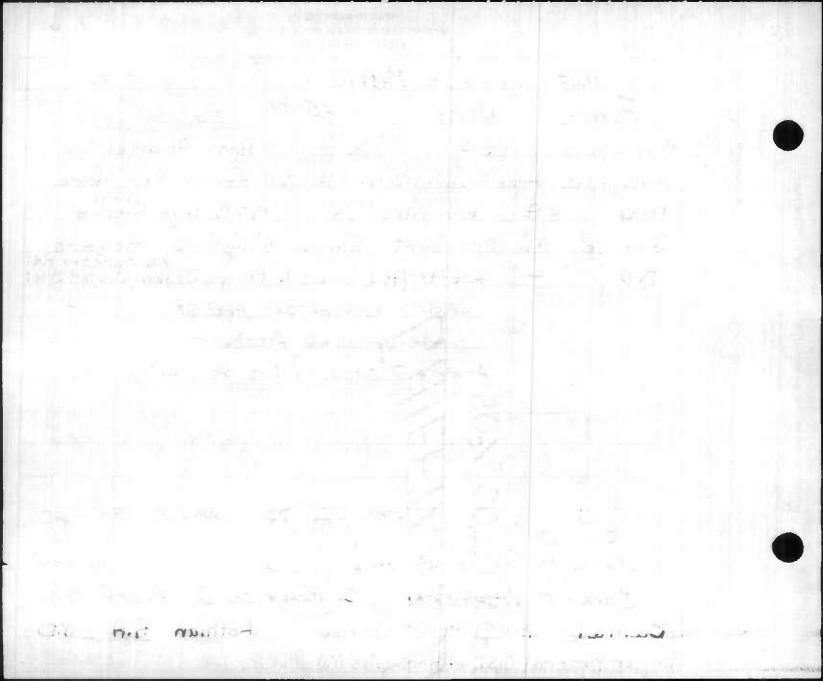
injury, ar ather traumotic event, the

(VRA 15, 4)

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Chapel-Hinnapolis, Mi or

Savidson- Randalle



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT; If Item 21 is marked or Item 18,4hows any injury, or other traumatic event, the medica

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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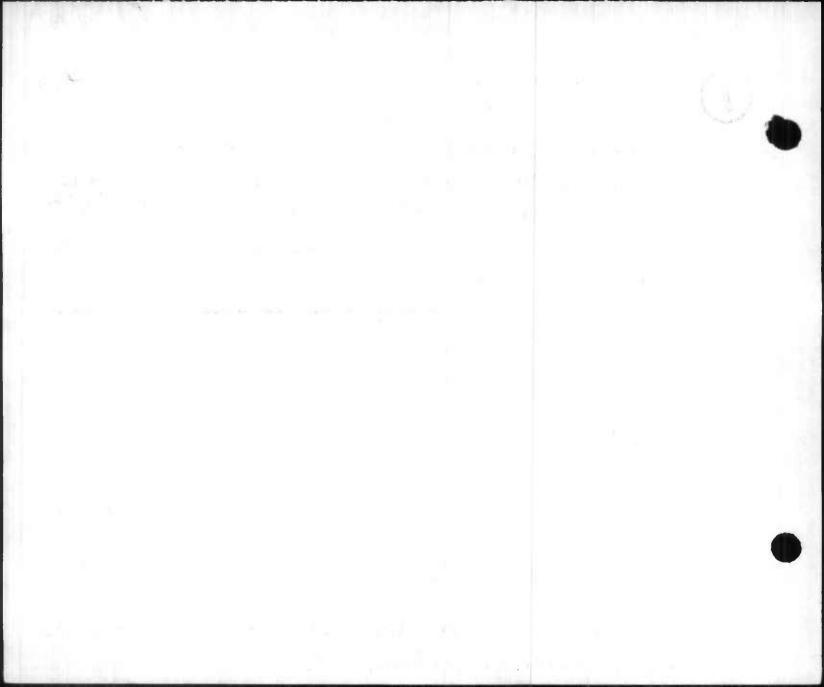
1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	. HYGIENE REG. NO.	0 1 4
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
(1)	YPE OR PRINT)	ELYN L	POLAND	11 20	4 84 4540.
3. S		14. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR IF UNDER 24 HRS
1	= 1	o White	MONTH DAY YEAR	7.5	ONTHS DAYS HOURS MIN.
120	BIRTHPLACE (STATE OR FOREIGN	6 1113	10 30 1911	9 BALTIMORE CITY OR COUNTY O	DEDEATH
1 6	COUNTRY)	The CITIZEN OF WHAT COOK	MARRIED LI NEVER MARRIED		1 \ \
Π	11aryland	USH	WIDOWED DIVORCED		idel Co, MD.
10	CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION STREET ADDRESS)	12a USUAL OCCUPATION (Type OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
11	Innapolis	Hone Brur	idel General	Homema Ker	Home
U5		ME OR OTHER INSTITUTION, GIVE RESIDENCE OF CITY OR		IS? 13e STREET, ADDRESS / ZIP, CODE	021012
1	mi	AA Arn	A YES TO NO IS	Shal Acundel	Randia
14.	FATHER'S NAME	Trans.	15 MOTHER'S MAIDE		1000
	I A FIRST	MIDDLE		MIDDLE	PAST P
160	WAS DECEASED EVER IN U.S	1-975	SECURITY NO. 17 INFORMANT	ADDRESS	reus e
100		S, GIVE WAR OR DATES	211 02 01 0	m 1	meas
	NO.	- Wate	14.730, Carol	Merz-	#13
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one couse per line for 101, (b	ol, ond (c)	1.0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DIATE CAUSE (a)	eniorio Is fam	<i>UH</i>	
1		DUE TO, OR AS A CONS	EQUENCE OF		
	Conditions, if any, which				
	gove rise to immediate couse (a), stating the	e	FOLIENCE OF		
	underlying couse lost		EQUENCE OF		
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
Z		THE CONDITIONS CONTINUOTING	OF THE STATE OF THE STATE OF THE	TERMINAL DISEASE ON CONDINGNO SIVE	
CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR W	HICH, OPERATION WAS PERFORMED	20a AUTOPSY? 26b IF YES,	WERE FINDINGS USED
F	11/24/29	mrs 1410	Istremio		ING CAUSES OF DEATH?
- 2	21g. ACCIDENT WAS UNDERLYING	- maril.	21c. HOW INJURY OC	YES NOW YES	0
			DAY YEAR	(ENTER NATURE OF INJURY IN THEM IS PAI	(I I OR PARI 2)
O.	(IF EITHER NOTIFY MEDICAL EXAL	MINER) P.M.	19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
<	WHILE NOT WHILE I	-	4/14	011 1.120	Of A
1	22a I certify that (1) (this h	nospital all engled the deceased fr	om, 19	0 /, to //// 1	9 , that (I) we) lost
	sow the deceased ally	e on	19 and that in (my) (our) ap	inion death occurred on the date and hour	and from the couses stated
	226. SIGNATURE	d not view the body offer deoth.	DEGREE	/	22c DATE SIGNED/
	1 / lallant	MM. 1/6	attender		11124194
-	224 PASICIAN'S NAME (1	TYPE OR PRINT)	PHYSICI/	AN DIRECTOR PHYSICIAN	11/1/1/
ł	1-1-1/10	malas	20 MITE 1	de Gue Forman	rolly and
_	0001110	J. 11 110 01011X	0 10000	my roce willy.	10/10 10/
230	BURIAL, CREMATION, REMO	VAL 23b. DATE	236 NAME OF CEMETERY OR CREMATE	ORY 23d LOCATION	CONNTY
	Querial	Nov.281984	Hillcrest	Hnnapolis	H.B. MU
24	FUNERAL DIRECTOR		250	o. DATE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
1	autor Fun	eval Chanel	Annapolis MILL	10V 2 8 1984	moor mundade
	CHAIL WILL			UV Z & 1087 IJ /au	1. 70 1.00

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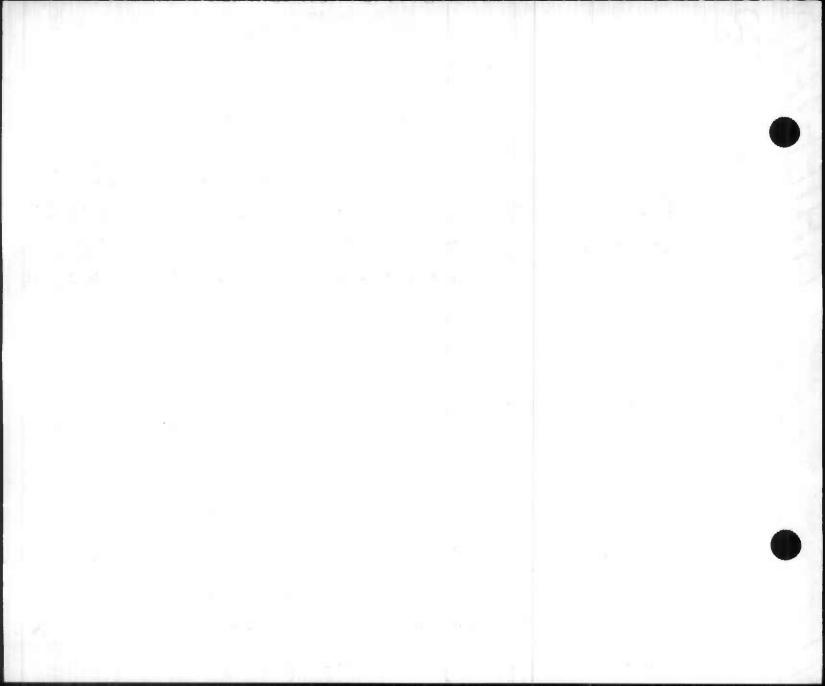
STATE OF MARYLAND	, 10
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENO -	2	9	0	8	Q	
	LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b.	HOUR	
b	Pratali	November	14.	198	4	1	0:3	

	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		NE REG. NO	7 7	U &	3 4	
1		CEASED NAME FIRST	WIDDLE	LAST	2		MONTH DAY	YEAR	2b. HOUR	_
-1	{TYPE	Fred	Joseph	Pratali		November	1/4 10	84	10:3 /	Λ 44
- 1	3. SEX		4 RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 H	IRS.
-		Male	Caucasian	MONTH DAY	Raga	911		NTHS DAYS	HOURS MI	JP4,
1	7n. BIR	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?	9		BALTIMORE CITY O	R COUNTY O	F DEATH		
1		OUNTRY		MARRIED NEVER MARI	RIED '_	Anne Arun				
-	HO CIT	TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSIN		TION 1	20 USUAL OCCUPATE			F BUSINESS (MD. OR
	1	Annapolis	IOT IN SUCH FACILITY, GIVE STREET			EXEL EXE	F WORKING LIFE)	San Pa	Co.	
2	USUA 130-6	AL RESIDENCE (IF NURSING HOME TATE 136 COUR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY L	LIMITS? 113	3e STREET ADDRESS /	ZIP CODE	49	1499	
1	70	exas Kalv	eston Galvesto	YES X NO		1213 Mila	m Di	rive.	1550	
7	14 FA	THER'S NAME	MIDDLE LAST .	15. MOTHER'S MA		MIDDLE		LAS		
1	F	erdiando	Pratal	Tia	E	ugenia		3 ati	oi	
9		VAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT		ADDRE	SS	San	ne as	
2	~	CS (IF YES ON	1-41-40 MWI 109-14-1	688 Gladus	s Wic	bles Tra	tali-	井	13	
Н			nly one couse per line for (a), (b), and	dicui				APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEA	
П		PART I. DEATH WAS CAUSE	D BY	astatic prosta	te car	ccinoma			ears	
		IMMEDIA	TE CA03E (0)	· · · · · · · · · · · · · · · · · · ·						
П		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	INCE OF						
Ц		gave rise to immediate cause (a), stating the	(b)	NICEOE						
		underlying cause lost	DUE TO, OR AS A CONSEQUE	INCE OF						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO	THE TERMIN	I AL DISEASE OR CONI	DITION GIVEN	J IN PART Ico	,	=
	o o	Diabetes mel	litus, bronchitis	3						
7	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH		ED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED	
-	臣					YES NO	YES		NO [
7		21a ACCIDENT WAS UNDERLYING	- I		Y OCCURRE	D (ENTER NATURE OF INJUR	LY IN ITEM 18 PART	I OR PART 2)		
	AL	OR CONTRIBUTING CAUSE OF DE.	AIR	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		CITY OR TO	WN	YINUO	STATE	
	×.	WHILE NOT WHILE AT WORK	TAL HOME SINEEL PACIONY OFFICE P	ARM ETC)						
		220 I certify that (I) (this hasp	ital) attended the deceased from_	June 22	9 84	. to Nover		, 1982	hat (I) (we)	lost
		sow the deceased alive or	october lib ot view the body ofter death.	1984, and that in (my) (our	r) opinion de	oth occurred on the do	ate and hour o	nd from the	causes stated	1
		72b. SKI SHATUIN	1100%	DEGREE				22c. DATE	SIGNED	
		1 har 198	VI Kanze	ATTE PHY:	NDING X	MEDICAL STAF	IAN [Nover	mber 1	4.
-		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS					19	84
		Charles W.	Kinzer, M.D.	16 Mu	irray A	Ave., Annaj	polis,	MD 214	401	
	23a B	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREA		234 LOCATION			1	
	F	DIL MI ON	Nav 19 1984 M	lemonial Ro	M	HITC DC DC	K. Gal	Lest	m B	<
	24 50	UNERAL DIRECTOR			250 DATE	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAL	Hidable	
-	la	ylor Funero	21 Chapel-Ann	rapolis MU	NON	1 5 1964	I ma via	March .)	
	1-		~ - 1/-12/-							

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ernfi	9 00
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	TENE to o	OR: or use
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director. Should be detacled for use as the buriol-transit permit. Then please remove contemplater. Fages 1 and 2 should be then within 72 had been real with the Strate Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

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FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO.	9 0 0 1
1. DECEASED NAME (TYPE OR PRINT) 3. SEX	HARRY	PUGLISI IS DATE OF BIRTH	20 DATE OF DEATH MONTH 24 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b. HOU 24C
Male	White	MONTH DAY 97		MONTHS DAYS HOURS
7a. BIRTHPLACE STATE OR FOREIGN COUNTRY) Italy	7b. CITIZEN OF WHAT COUNTRY?	MARRIED KNEVER MARRIED WIDOWED DIVORCED	Annual An	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINE
13a. STATE 13b. C	Anne Arundel Gei DIE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY 13c. CITY OR TOWN	ADMISSION) N 13d INSIDE CITY LIMITS?		
Maryland An 14. FATHER'S NAME FIRST	ne Arundel Annapol	15 MOTHER'S MAIDEN I	1160 St. George	Drive 2140
Saverio	Puglisi	Maria		Garufi
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IFY	ES, GIVE WAR OR DATES)	RITY NO. 17. INFORMANT 9931A Mary C. Pug	1160 St. Geo	orge Drive Maryland 21
	ter anly one cause per line far (0), (b), and AUSED BY. EDIATE CAUSE (a) ACATE.	KENNE FAILURE		APPROXIMATE INTER BETWEEN ONSET AND
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause los	th (b) BILATER	AL HYPRONEPHI		
	ANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART lia
POSSIBLE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN		OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEAT
OR CONTRIBUTING COLUCE	OF DEATH HOUR A.M. MONTH DA	21c HOW INJURY OCC	YES NO YE	
THE STATE OF COURTS OF THE STATE OF THE STAT	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY 5
saw the deceased ali	hospital) attended the deceased fram_ ve on	0//	an deoth accurred an the date and have	19 84, that (I) (w r and from the causes sta 22c DATE SIGNED
Low	k.R.Gelhon	MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	11/24/
224 PHYSICIAN'S NAME (R. JACKSON	3 VILLAGE	GIEEN: CROFT	on, mo
23a. BURIAL, CREMATION, REMO		AME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY 51

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Keal Chara

16000 Annapolis Rd. Bowie, MD 20715

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE INUV 26 1134 grant mindson for the second se NUV 2 6 1084

are a market Armed 5 Survey on Manager 1 and na Elija da let market per makelen er er e

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	(3
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Por Attended by the haspital ar attending physician.	Post 4:	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director programmers should be detached for use as the businf-transit permit. Then please remove carbanappers. Pages Land 2 should be filed within 72 havin after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	director, page 3 hours after death	

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IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event, the

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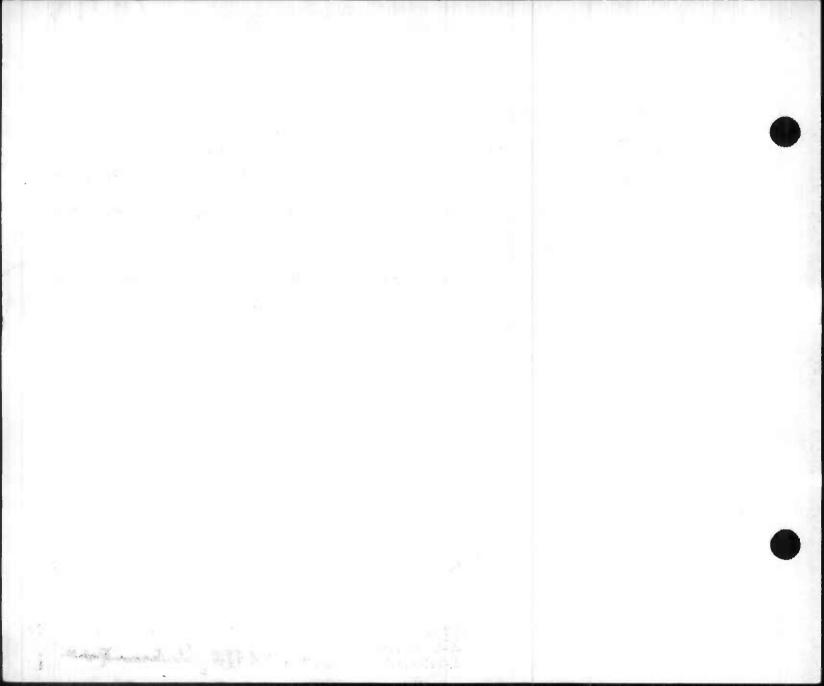
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PARTMENT OF HEALTH AND MENTAL HYGIENS	dod	dia.	4	U	
CERTIFICATE OF DEATH	REG. NO).			

1 -	REGISTRAR	1	REG. NO).								
1. DECE ASED NAME FIRST MIDDLE [TYPE OR PRINT]					LAST			MONTH	DAY	YEAR	26 HOUR	2
Barbara					Ricker]	. 1	09	84	6:59	Ам
3. SEX 4. RACE			5. DATE (6. AGE (IN YEARS LAST BIRT	HDAY)	IF UN	DER 1 YEAR	IF UNDER 2	24 HRS	
Female Caucasian				0			92	YR		DATS	HOOKS	WIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIE	n IXI	9 BALTIMORE CITY O	R COUN	ITY OF E	HTASC		
N	EW YORK	UNITED	STATES	WIDOW			ANNE ARU	NDE				MD
10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTIO	N	120 USUAL OCCUPATION			KIND O	F BUSINE	SSOR
Cı	cownsville, MD		field Nu		Home		SEAMSTRE	35	4	PUT.	Wor	2/3
	AL RESIDENCE IF NURSING HOME CONTACT 13b. COU		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIM	ITS?	13e.SJREET ADDRESS /	ZIP CC	DDE			
M	- 0	ARUNDEL	ARNOLD		YES NO	8	811 MAGO	Vis	STA	RD.	2101	2
	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAID	ENNAM	NE NODE			LAS	S.F	
	LUNKNOWN				(uni	KNOWN)				,	
		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE	SS	`	1		
,	No -	The walk ok Dailes)	135-30-4	622	AUCE N	lay	(SAME	AS	13)		
	18. CAUSE OF DEATH (Enter o		fine far (o), (b), and	l (c).1					L	APPROXI	MATE INTERV	VAL
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)			Heart	Fai	lure					
		DUE TO, O	r as a conseque	NCE OF								
	Canditians, if any, which	(b)			Inani	tion	due to old	lag	e			
	gave rise to immediate cause (a), stating the	DUE TO, OI	r as a conseque	NCE OF								
	underlying couse last.	(c)										
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	E TERMI	nal disease or cont	NOITION	GIVEN IN	PART 1	0	
CERTIFICATION												
CA	19a DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIC	N WAS PERFORMED		200 AUTOPSY?				NGS USED OF DE ATI	
RTIF							YES NO		YES 🗌		NO [
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	- House	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY C	OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM	18 PARTIC	OR PART 2}		
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.,		19								
MEDICAL	21d INJURY OCCURRED	21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC)	211 LOCATION STREET		CITY OR TO	WN	(OUNTY	ST	ATE
~	AT WORK NOT WHILE AT WORK											
	220 I certify that (I) (this hasp	7.7	e deceased fram	Jun	, , ,		Novembe		19.8		that (I) (w	
	sow the deceased alive a above, (I) (we) (did) (did n		after death.	, a	nd that in (my) (aur) a	pinian d	eath accurred an the do	ite and l				ted
	276 SIGNATURE	W/ N			DEGREE	JNIC .	# MEDICAL STAF	e		22c DATE	SIGNED	
	(May ce)	1	nuv		PHYSIC	IAN D				11-	-84	-
	Charles W. K		, D		77e ADDRESS	A	Annana	lia	MD	21/	0.1	
	Charles W. K	inzer, r	1. D.		10 Mull	ay A	ve., Annapo	JIIS	, 111	214	01	
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23€. №	IAME OF C	EMETERY OR CREMA	TORY	23d LOCATION		C1086	antri-	:30	Att =
	BURIAL	Nov. 13	,1984 Lu	THER	AN CEMET	ERY	MIDDLEVIL	LAGI	G	UEEL	V S	WX
24 EI	INERAL DIRECTOR		501 R	ITCHI	E Hay. 1	Sa DATE	REC'D, BY REGISTRAR	75h REG	ISTRAR'	SIGNAT	URE	
Bo	BERT S. DAR	RANCO	SEVERI	VA PA	RK, MD, NO	JV I	4 18 gu	wille	un dend	-Mak		í
Be	INERAL DIRECTOR	Nov. 13 RANCO	1984 Lu 501 R Severi	THER THERY VA TA	E Hay.	ERY Sa DATE	REC'D BY REGISTRAR	LA GE	ISTRAR Video	SSIGNAT	URE.	K/X

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE	OF N	ARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

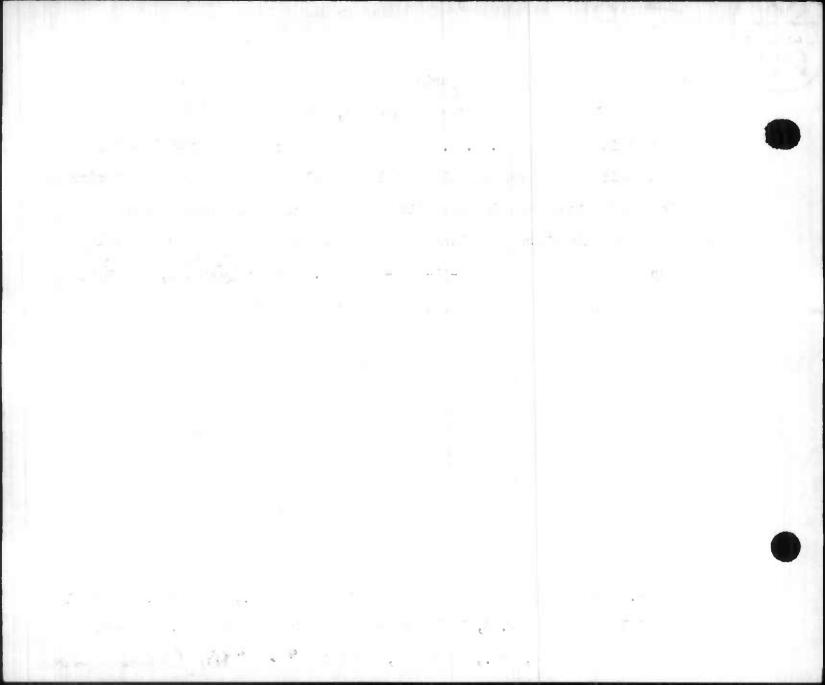
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l	1 -	FOR STATE REGISTRAR			F HEALTH AND MENTAL H	YGIENE) 🙀	2 4 0 0 3
ŀ		EASED NAME A FIRST	ž.	MIDDLE	WST .	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
l	[TYPE	ORPRINT) Rach	el	$\mathcal{M}_{ ext{arie}}$	Ross		11-2-84 539pm
I	3. SEX		4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY] IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
I		Female	(ch 29, 1912	72	YRS.
1		THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	RIED NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH
1		irginia	U.	C 4		Anne Aru	ndel County MD.
1	10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSING HOA	NE OR OTHER INSTITUTION	12a USUAL OCCUPAT	
1	An	napolis	Anne A	rundel Genera	l Hospital	Sales Lady	
	130 S			GIVE RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN Annapolis	138. INSIDE CITY LIMITS?	2620 Vanta	ZIP CODE 21.41/
1	14 FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN I	MIDDLE	LAST
l		Henry Harri	son Mo	reland	Florence		Jolley
I	60 W		MED FORCES?	166 SOCIAL SECURITY NO		2620 ADDR	ntage Cove
l	n	0		228-30-4254-	A Jane M. Pro	ctor Annapol	is, MD 21401
ľ		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line for (0), (b), and (c).)	, Amshill		APPROXIMATE INTERVAL BELWEEN ONSET AND DEATH
1			TE CAUSE (a)	VERHILL	1144411/		3013
l			DUE TO, C	R AS A CONSEQUENCE O	my Eler HILDIAL	1. cal	LIdont
ı		Conditions, if ony, which gove rise to immediate	(b)_	1726	W Cresh Mills	INVINSCIIN	
l		couse (0), stating the underlying couse lost	DUE TO, O	R AS A CONSEQUENCE O	r)		
I			(c)	4.0			
l	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	KWINAL DISEASE OR CON	IDITION GIVEN IN PART 116.
1	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY2	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1	STIFE					YES NO	YES NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME C	OF INJURY .M. MONTH DAY YE	AR 21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART 2)
ı	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		м.	19		
ı	MEDICAL	216. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.	211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
١	<	AT WORK NOT WHILE AT WORK			1 5	0.01	/
1		220.1 certify that (1) (this hosp		de deceosed from	10/ 30 19	to j.c	19, that (I) (we) lost
١		sow the deceased alive or above, (I) (we) (did) (did		ofter deoth.		on deoth occurred on the d	late and hour and from the causes stated
ı		22b. SIGNATURE	2		DEGREE ATTENDING	MEDICAL _ STA	22c. DATE SIGNED
4		11. 0	un		PHYSICIAN	DIRECTOR PHYSI	
١		224 PHYSICIAN'S NAME (TYPE			22e ADDRESS		
1		Dr. Robert Bie				n St., Annap	olis, MD 21401
		urial, cremation, removal urial	Nov. 6		nton Cemetery	CITY OR TOWN	n, Virginia
1	24 FU	INERAL DIRECTOR	1				25b. REGISTRAR'S SIGNATURE
	Mo	ser Funeral Hor	ne, Inc.	, Warrenton,	Virginia NO	VOB 1994 -	Telia Mile - Bandage
						U	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4

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60	7	0	0	-

		REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
Ī		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
		WILL	L		ROYSTER		11	6	84		М
1	3. SEX	MALE	BLACK	S DATE	0F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDER 24	MIN.
			76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY C	- /	Y OF DE	ATH		MD.
7	BA	LTIMORE	11. NAME OF HOSPITAL, NURSIN	(VE.)	21225	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O			KIND O USTRY	F BUSINES	SOR
9	130 S MA			'N	13d INSIDE CITY LIMITS? YES NO XX 15 MOTHER'S MAIDEN N	132 TTEE MIDES	ND AV	E. 2	1225	;	
Ø	1	FIRST	MIDDLE LAST		PAULINE	MIDDLE			IAS	T	
1		(AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT CHART	ADDR	ESS				
	z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO) <i>J 779</i> ENCE OF	TC CARCIN		DITION G	IVEN IN F	PART 110	183	
2	CERTIFICATION	190 DATE OF OPERATION	195 CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	IN CERT			NGS USED OF DEATH	
		2)0, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	UTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR				IRY IN ITEM 18	PART 1 OR	PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	cou	INTY	STA	TE
		22a. I certify that (I) (this haspit saw the deceased alive an abave, (I) (we) (did) (did not			and that in (my) (aur) apiniar					that (I) (we causes stat	
		22b. SIGNATURE Lo	mot			MEDICAL STA		22	C. DATE	SIGNED 8/84	6
		220. PHYSICIAN'S NAME (TYPE OF AHVIE HE	RSKOWITZ		4/00 N C	harles Stre	et B	alh	non	e m	L.

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital ar ottending physicio

DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT: If them 21 is marked or from the TO FUNERAL DIRECTOR. After this should be detached for use as the true with the State Dept. of Health and Mi

BURIAL 24 FUNERAL DIRECTOR 11-12-84

E.L. PHILLIPS

1721 - N. MONROE ST.

MT. AUBURN

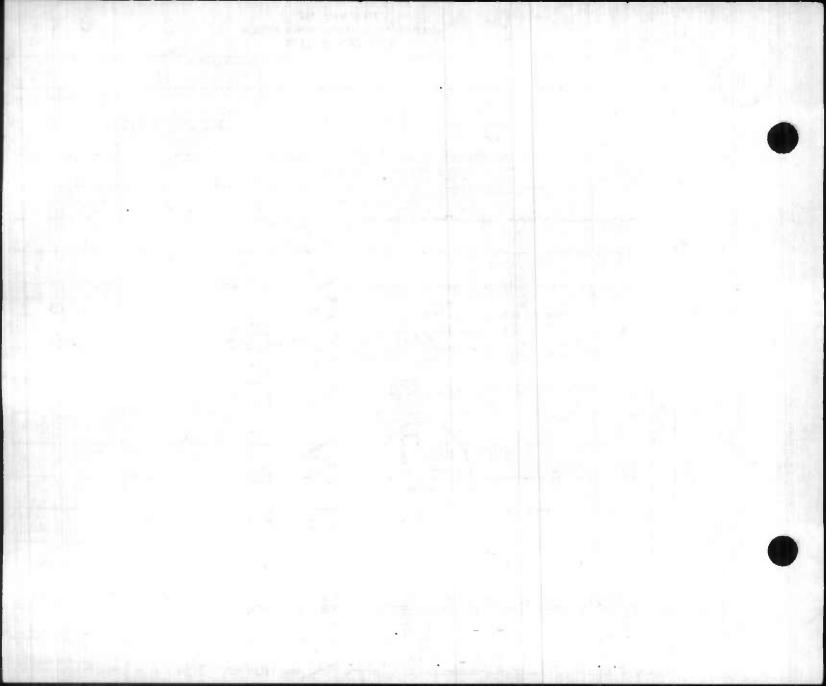
BALTIMORE

25a DATE REC'D

COUNTY MARY LAND

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDA Suha Davidson-Rondale



	-4	1
	Poge	(
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4	
	ofter	
	Bours	
	24 h	
DIVISION OF VITAL RECORDS, ACT W. TRESTON ST., DALLIMORE, MARIEMA A 1200	within	
ů,	oted	
2	exec	
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5	SICIA	d 6
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	10 1	retained by the hospital or offending physician.
	SPITA	by by
	HO	panie
	0	e

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director. should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumatic event, the medical

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may be

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FOR - STATE REGISTRAR DEPAR

STATE OF MARYLAND		d'a	and a	-	0	2 4
TMENT OF HEALTH AND MENTAL HYGIENE	and .	2	9	U	0	3
CERTIFICATE OF DEATH		REG NO.				ES

250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S S

-1					NEO. 140.					
1	1. DECEASED NAME FIRST	MIDDLE	ı	AST .	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR				
1	TYPE OR PRINT	WILLIAM	SCHLUEN	SEN	NOVEMBER 24,	1984 0945 AM				
1	3. SEX	4 RACE	5. DATE C		6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR # UNDER 24 HRS				
	Male	White		Lv 3 1903	81 YRS					
1	To BIRTHPLACE STATE OF FOREIGN	BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8.		D NEVER MARRIED	9. BALTIMORE CITY OR COUN					
7	Maryland	USA	WIDOWE	DIVORCED	ANNE ARUNDEL	COUNTY MD.				
	GLEN BURNIE	NORTH ARUNT	EL HOSPIT		(Type of work for most of working Manager	Yacht Club				
2	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE Md. AAC	NTY 13c. CITY	or town .mbrills	13d INSIDE CITY LIMITS? YES NO XX	13e.STREET ADDRESS / ZIP CO 545 2nd. St	DE 21054				
A	14 FATHER'S NAME	WIDDIE	1467	15. MOTHER'S MAIDEN NA	ME M/DDIE					
1	Adolph OT		ensen	Minna	Magdalena	Ehlers				
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS					
	(YES, NO OR UNKNOWN) IF YES, GIV	119	-03-6481	Doris Fl	uharty Same	as #13				
	18 CAUSE OF DEATH (Enter or	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY. Failure Failure								
	DVIVIEDIA	DUE TO, OR AS A CONSEQUENCE OF								
	Canditians, if any, which	DUE TO, OR AS A CC	INSEQUENCE OF	e CDPI).	+ Preuminia	3 montes				
1	gove rise to immediate cause (a), stating the									
-	underlying cause last.									
		CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	GIVEN IN PART ITO				
	0	ule Jes	mente	e, old						
X	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO				
1		HOUR A.M. MON		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2)				
4	OR CONTRIBUTING CAUSE OF DE-	P.M. 21e. PLACE OF INJUR	19 Y	211 LOCATION						
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR		STREET	CITY OR TOWN	COUNTY STATE				
	220 I certify that (I) (this haspi	tal) attended the decease	d from *** 8	127 20 84	10 11/24	19 89 that (N (we) last				
1	saw for tecegred give on obove/(il/we) (did/(did no	11/24 2	19 54 n	nd that in (my) (our) opinion	death occurred on the date and h					
1	7714 STEEPSAFONE	ew the body offer dyd	2 ~	OL GRAD		TIL DATE DIGNED				
	(Jele)	(QKd	way		MEDICAL STAFF	11/24/84				
	224 PHYSICUANS NAME INFO	N PRINTS	V	22e ADDRESS 7845	, 014111002 11012,	SUITE 200				
	DAVID A. SCH	VARTZ, M.D.		GLEN BURN	IE, MARYLAND 21	1061				
	23a BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN					
	Burial	11-26-84	Epipha	any Cem.	Odenton	AACO. Md. STATE				

MHardesty Funeral Homes Annapolis Md. NOV 26 1984

DHMH - 16 50M 4/83 (VRA 15, 4)

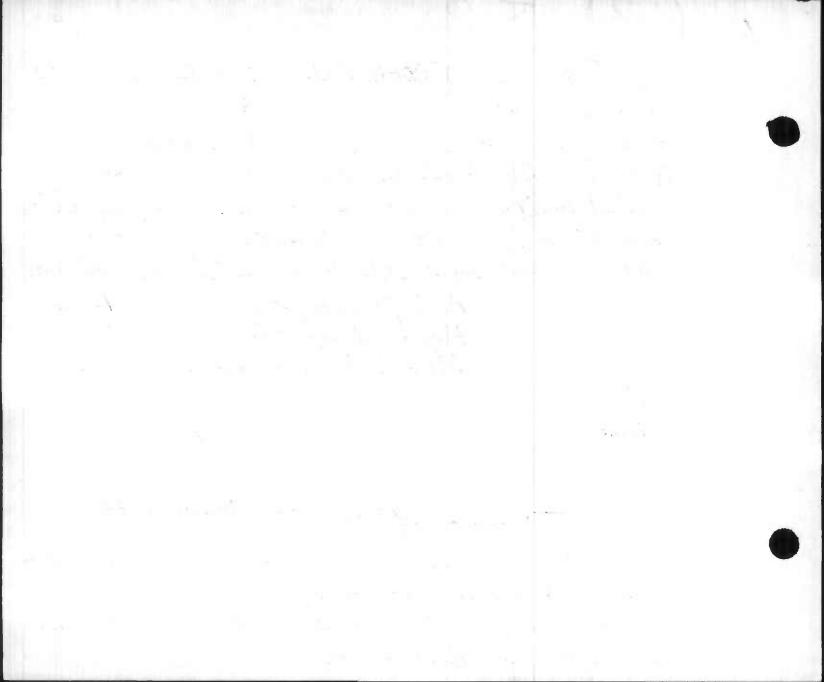
24 FUNERAL DIRECTOR

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6	7	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIEND A REG. NO.	9086
oh pe	2000	(TYPE	EASED NAME EISIE	C. 50	BENFELD	Nov 12,	1984 10 4 M
nge 4 m		3. SE	Famale (CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH JULY 19 1895	6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COU	MONTHS DAYS HOURS MIN.
depth.	thin 72	N	OUNTRY ORK CITY YOR TOWN OF DEATH 11.	45A.	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	1. 7	MD. 126. KIND OF BUSINESS OR
ours ofte	100	USU	- MAGROLIS A	(IF NOT IN SUCH FACILITY, GIVE STREET	Gen. Hosp,	HOUSEWIFE	
elthin 24 h	2 should be	131.	THE SNAME AUGUSTY	Munde Edgener	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA		ng Nsq./Conv. Ctr.
secoted a	dico Comp	16a V	HUGUST H		RITY NO. 17. INFORMANT	391 PEW.	GREIS SHORE RD.
ote be a	paicon a apert. Pa val. t. the me		(IF YES, GIVE WA	ne cause per line for plants, and	46244WM A. SCHOER	VESLD EDGEWA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath certific	ending ph corban pr n. cr. remo		IMMEDIATE C	DUE TO, OR AS A STATE OU	1 1	ema	Thour
hot the de	by the oth ose remotion of cremotion other trou		Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	(b) OF AS A POISSEQUE		my heart disea	se vukram.
redoller	en tigned or to burio y injury, or	NOI	PART 2 OTHER SIGNIFICANT CON			NAL DISEASE OR CONDITION	
The law icon.	de hor b	CERTIFICATION	190. DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	OPERATION WAS PERFORMED	YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
YSICIAN fing phys	s certifics wentel the Member 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJORY IN ITEN	WIS PARTIORPARTZ)
DING 9H	After this of the column of th	WE	WHILE NOT WHILE AT WORK AT WORK (1) (16 hospital)	(AT HOME, STREET, FACTORY, OFFICE, F		to No vember	COUNTY STATE
R ATTEN hospital	RECTOR.			Vovember B 10 8	and that in (my) (aur) apinion	, 10	hour and from the couses stoted
SPITAL O	should be defined with the Stote		Charles N 22d PHYSICIAN'S NAME (TYPE OR PRI	Knizer .	ATTENDING PHYSICIAN 1 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Nov. 12, 1984
	should be de with the Stotl	23a. E	Charles W URIAL, CREMATION, REMOVAL 2	Kinzer /	1.D. Annapoli	S, Maryland	
BP_ 0HMH - 1	6 50M 4/83	24 FL	NERAL DIRECTOR	11/15-/74 W	DEDLAWA (EM.	BRONX TERECID BY MENTRARIZEDE	OKUNDANISTO ATURE &
(VRA	(15, 4)	m	ilor Jumeras (HAPEL HUNA	POLIS PUTD. NO	1 - 1	

STATE OF MARYLAND



STATE OF MARYLAND

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1-	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
(TYPE	CEASED NAME FIRST	MIDDLE .	2500	onever	Nov	MONTH DAY	198/	26 HOUR 30 AM
3 SE:	Female	WHITE	5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
7a BI	RTHPLACE (STATE OR FOREIGN DUNITRY)	76 CITIZEN OF WHAT	COUNTRY? 8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	ANNE /	FRUNTY O		MD.
10 C	LUZRNA PARK		AL, NURSING HOME O Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATION OF THE CONTROL	F WORKING LIFE)	INDUSTR)	F BUSINESS OR
	AL RESIDENCE (# NURSING HOME OR) TATE	17 13c. (1)	Y OR TOWN RNOLD	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE N127L	RIDES	01,2
14. F.A	Albert	MIDDLE CO	nover	15 MOTHER'S MAIDEN NA	ME MIDDLE		Rais	nier
	VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b SC E WAR OR DATES) 42	2465440	THOS COONO	VER ARN	OLONI	AL R	1012 LA
	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIAT	RY.	ebral Va	sevar Aceida	ent		BETWEEN O	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b) At	CONSEQUENCE OF	ie Cardiovasc	cular diseas	ie	Year	<u> </u>
NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contrib</u>	UTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN	IN PART Iro	1,
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	280 AUTOPSY? YES □ NO ☑		WERE FINDIN NG CAUSES	
ROSE MOU	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	18	RY ONTH DAY YEAR 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF MUUR	TY IN ITEM TO PART	TORPART 2)	
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACT	TORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO		COUNTY	STATE
	sow the deceosed alive on abave, (1) (we) (did) (did not	NOV 2	1 19 84,01	nd that in (my) (our) apinion	to <u>NOV</u> death occurred on the do			that (I) (we) lost causes stated
	22b. SIGNATURE	1. Koelle		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF MEDICAL STAF DIRECTOR □ PHYSIC		11- 2	SIGNED 23 -84
	224. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS				

TO FUNERAL DIRECTOR voyed be detached PORTANT # 8

N. KOEHLER

Panins da FARM RO, ARNOLD, MD 21012

11-30-84 BURIAL, CREMATION, REMOVAL

VEHTSESON USM. CHAPEN

PRESS

2140 (1250 DATE REC

23d. LOCATION
STYOR TOWN
Si CHI WELLAM

LA.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SEE

The Harmon Scores And Alexander Alpert Copyrig Must all Control The second secon TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furneral shauld be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical and

FOR - STATE	DEPAR
- STATE	
REGISTRAR	

STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	&: ⇒		
	1. DEC	CEASED NAME SAME	rel'	Ma	Si	paton	20.	DATE OF DEATH	1-18	2-84	6 a M
	3. SEX	M	4. RACE		5. DATE C	F BIRTH	6	AGE (IN YEARS LAST BIRT	YRS.	IE UNDER 1 YEAR	HOURS MIN.
	C	RTHPLACE (STATE OR FOREIGN JOUNTRY) NashintonD.C.	U.S.A	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED		Anne Aru		CO	MD.
	Ar	napolis	Anne	Arunde	1 Ge	neral Hosp	(1)	USUAL OCCUPATION POST OF MOST		E) INDUSTRY	Gov!t
	13a. S	A. A. A	JTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Edgewa	N	13d. INSIDE CITY LIMITS?		STREET ADDRESS /		Alc Nharf	737 Rd.
1	Jo		amilton			Laura	AME	Naom		Ma	rtin
			MED FORCES? (E WAR OR DATES)	577-28		B Mary G. S	Sea	aton sa			
	7	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost.	D BY: TE CAUSE (o) DUE TO, OF (b) DUE TO, OF	A A CONSEQUE	NCE OF	bleeding	Mofa	DISEASE OR CONI	DITION GIVE	48	IMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	Hay I	OPERATIO	N WAS PERFORMED	1	YES NO NO	IN CERTIF	, WERE FINDING CAUSES	
7	MEDICAL CER	710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A./	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUI	RRED	ENTER NATURE OF INJUS	PY IN ITEM 18 PA	ART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this haspi saw the deceased alive an bove, (I) (we) (did) (did no		19		nd that in (my) (aur) apiniar	n deot	th occurred on the do		and from the	
		10 Ten T- Ve	rkou	J	m	ATTENDING PHYSICIAN	Xº	AEDICAL STAF IRECTOR PHYSIC		22c DATE	8/84
		PETER F. VE	RKOU	ω		1419 hore	st	Drive,	mna	plis, 6	nd 2/403
1	- (URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 11/2	1 101 -	akemo	emetery of Crematory Ont Cemeter		23d LOCATION CITY OF TOWN Davids			AndelMd.
		neral director ardesty Funer	al Hom	e 1200RRi	dgel Ma.	21489. "NO	V RE	2 08 1984 A	ZSWBECHEW	KAKSSIGNA	URE 4

DHMH - 16 50M 4/83 (VRA 15, 4)

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 most tended by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director. Last should be detached for use as the build-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 17 found the same with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar remayal.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	FOR STATE REGISTRAR			DEPART		ICATE OF D		REG. NO	2 9 o.	0 8	ES	T
	EASED NAME	FIRST	N	AIDDLE	1	AST		20. DATE OF DEATH	MONTH DAY	YEAR	2b HOU	R
(TYPE	OR PRINT)	ETTE	M	5	SHENTO	N		NOVEMBER	25, 1	984	1235	PM
3 SEX			4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		NDER 1 YEAR	IF UNDER	
	Female		White		5 5	7 DAY	27	57	YRS		HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER M	ARRIED 🗆	9. BALTIMORE CITY O			7.3	
	Maryland		U.S		WIDOWE		ORCED	ANNE AR	UNDEL (CUNTY		MD.
10. ⊂1	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INST	TUTION	128. USUAL OCCUPATI		12b. KIND O	F BUSINE	55 OR
	GLEN BURNI	E	NORTH	ARUNDEL	HOSP1	TAL		Homemaker	WORKING LIFE	INDUSTRI		
USUA 13a S	L RESIDENCE (IF NURSI	ING HOME OR		GIVE RESIDENCE BEFORE		113d INSIDE CI	TV 1 IAAITEO	13e STREET ADDRESS	/ ZID CODE			
130 3	Md.		Arundel	Severn	N		NO []	41 Burns		ng Rd	. 2	1144
14 FA	THER'S NAME					15. MOTHER'S		ME		5		
1	Edward		MIDDLE H.	Barton			IRST	MIDDLE	7.7	LAS	ī	
	AS DECEASED EVER	(NIIS AR		166 SOCIAL SECU	IDITY NO	Marg		ADDRE		ade		
	ES NO OR UNKNOWN)		E WAR OR DATES)									
	No			220-14-	8167	Mr. C	alvin l	E. Shenton	- Same		13 MATE INTER ONSET AND	
NOI	PART I. DEATH WAS CAUSED BY. (IMMEDIATE CAUSE (a) CAN CIRCUMATOSIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stohing the underlying couse last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Inc.											
CERTIFICATION	19a DATE OF OPERAT	LION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				TH?
MEDICAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING CO	AUSE OF DEA	HOUR A./	M. MONTH D.	AY YEAR			RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)		
MED	214 INJURY OCCURE		21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY OFFICE, F	FARM, ETC }	211 LOCATIO	7	CITY OR TO	wn	COUNTY	5	STATE
	27a.t certify that (1) now the decem- obove, (1) we (0)	4	11/18	10.5	0/		our pinion	death accurred on the de				we) lost ated
	THE SKIMMFUNE	1)	Oke	2 Cevis	esto	P		DIRECTOR PHYSIC		22c DATE	SONED	90
	THE PHYSICALN'S NA	AME TIPE O	R PRINT)			22e ADDRESS	784	45 OAKWOOD I	ROAD #20	00	(
4	DAVID	SCH	WARTZ M.	D		GI.		NIE MARYLAN				
	URIAL CREMATION,				NAME OF C	EMETERY OR C		23d LOCATION				
	Remova		11/26/	84				CITY OR TOWN	C	OUNTY	5	TATE
24 FL	INERAL DIRECTOR		122/20/	<u> </u>			750. DAT	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	URE	7 -

DHMH - 16 50M 4/83

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MPORTANT: If them 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the

Anatomy Board (VRA 15, 4)

Balto., Md.NO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

WHILE PERMIT GRANT LAVID A SCHOOL VIDIO the so the standards for the

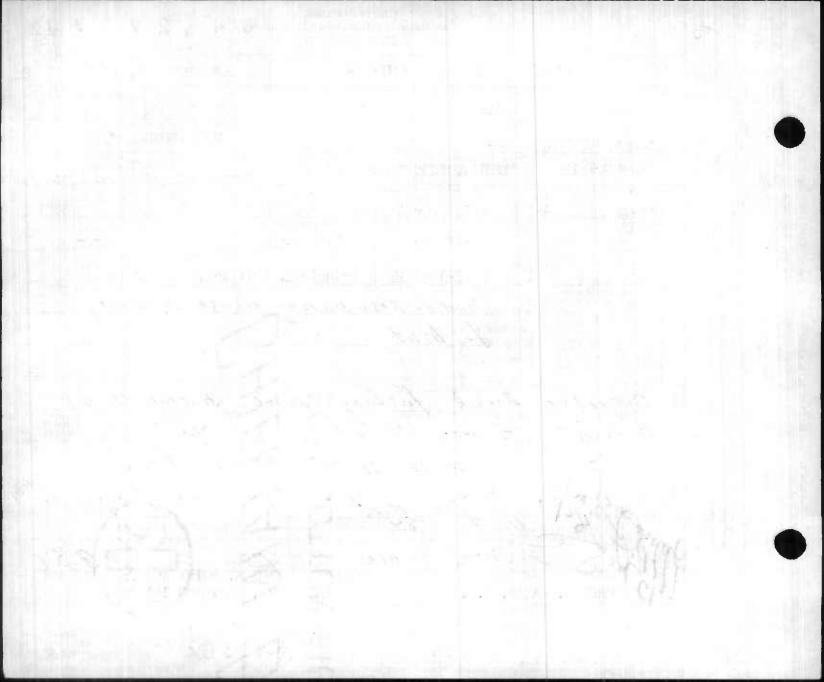
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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1.	STATE REGISTRAR		CE	RTIFICATE OF DEA	TH	REG. NO.		EST
		ONALD	E SI	HIFFLER	2	NOVEMBER	08, 1984	26 HOUR 443 P
3. SE	Male	4 RACE Whit		ec 1, 191	YEAR 8	AGE (IN YEARS LAST BIRTHDAY) 65 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
A	RTHPLACE (STATE OR FORE COUNTRY) 1 toona, PA	USA	WI	ARRIED 🕅 NEVER MAR	CED	ANNE ARUN	DEL COUNT	MD.
	GLEN BURNI	E "MORY	TT ARUNDEL P			20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Supervisor	GLEE INDUSTRY	FBUSINESS OR Coast Gu
13a. :	AL RESIDENCE (IF NURSING STATE 13h Maryland ATHER'S NAME	HOME OR OTHER INSTITUTION COUNTY AA	GIVE RESIDENCE BEFORE ADMI 13c. CITY OR TOWN Glen Burni	13d INSIDE CITY	X	3e.STREET ADDRESS / ZIP CO 1827 Norfolk		21061
	Edgar	WIDDIE	Shiffler	Eliz	abeth	WIDDLE	Her	
	WAS DECEASED EVER IN I YES, NO OR UNKNOWN) (I	J.S. ARMED FORCES? EYES, GIVE WAR OR DATES) WW II	166. SOCIAL SECURITY		e E. S	ADDRESS Shiffler, Same		MATE INTERVAL
CERTIFICATION	underlying couse	CANT CONDITIONS CONDIT	KER Ja ITION FOR WHICH OPE NECK OF INJURY	H BUT NOT RELATED TO A CUR RE C RATION WAS PERFORM 211. HOW INJUR	(1017) ED	20a AUTOPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES YES [GS USED
MEDICAL	OR CONTRIBUTING AU FF TIMES POLITIFICATION AT PARTIE OF THE PROPERTY OF THE	21e PLACE (AT HOME ST	M. / C / 6 OF INJURY REEL EACTORY, OFFICE, EARM, E	1987 211 LOCATION STREET 1824	Lell Ne 19. 84 r) opinion de	or H do	COUNTY SCAN 19 8 X, 1 hour and from the c	that (I) (we) last couses stated
J	GEORGE	T. LAZAR, N	2	22e. ADDRESS	SICIAN X	MARYLAND 21		SIGNED FE 404
	BURIAL, CREMATION, REA (SPECIFY) Burial UNERAL DIRECTOR	Nov 1	0,84 Glen	Haven Mem.		23d LOCATION CITY OF TOWN Glen Burnie REC'D BY REGISTRAR 255 AEG	COUNTY AA SISTRAR'S SIGNATU	MD URE
	udilles s. V	incley, die	n Burnie, M	ID		64		M-Junean

DHMH - 16 50M 4/83 (VRA 15, 4)



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MPORTANT: If Hem 21 is

CERTIFICATION

MEDICAL

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	HYGIENES 4 2 9 0 9 1 EST
1. DECEASED NAME FIRST MARY	J SIEGLEIN	NOVEMBER 04, 1984 26 HOUR NOVEMBER 04, 1984
FEMALE CAL	S. DATE OF BIRTH MONTH DAY YEAR 4. C.A.S.I.A.V. 8 29 - 03	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
70, BIRTHPLACE (STATE OR FOREIGN 76 CITIZ	EN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY MD.
10 CITY OR TOWN OF DEATH 11. NAME OF THE STREET STR	ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION REPORTED THE PROSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HUSEWIFE 120 USUAL OCCUPATION 1120 LISUAL OCCUPATIO
USUAL RESIDENCE (IF NURSING HOME OR OTHER INS 130, STATE 13b, COUNTY	TITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY LIMITS YES NO	130. STREET ADDRESS / ZIP CODE MD
14. FATHERS NAME NICHOLAS MIDDLE	FAIRBANKS LUCY	A. Bowns
160 WAS DECEASED EVER IN U.S. ARMED FOI (1955, GIVE WAR OR I		ARET TENKINS 8434 BAY D
18 CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSI	11 -to Ville shall	approximate interval Between onset and Death Coloura 3 houry
DUI	E TO, OR AS A CONSEQUENCE OF	Thespirtadere years

gove rise to immediate the couse to), stating underlying couse

DUE TO, OR AS A CONSEQUENCE

Years DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY?

210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

19 211 LOCATION

CITY OR TOWN COUNTY

nion death accurred on the date and hour and from the causes stated

STATE

22a.1 certify th 22% SIGNA

STAFF DIRECTOR PHYSICIAN

22e ADDRESS

SCHWARTZ,

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has bis should be detached for use as the burial-transit permit the State Dept of Health and Mental Hygiene principle.

FRANCE BARBARI 8-29-02 Ell x The EAST Lib Grand College The North Royal M. March 1165 X KIND THE BELL SAMONE No see the william to the property continued to the Bill I the state of many interest of the state of the theory factors but the factor of all and the second of the seco Personal Commence

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO 2R. DATE OF DEATH MONTH YEAR 2b. HOUR. DECEASED NAME LTYPE OR PRINTE 03 (e WOOC 984 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS 1. SEX MONTH DAY MONTHS DAYS FEMALE WHITE JUNE 6. 1916 7R. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND ANNE ARUNDEL U.S.A. WIDOWEDIXX DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 17ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNAPOLIS CONVALESCENT BEAUTICIAN COSMETICS ANNAPOLIS CENTE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13R STATE 1136 COUNTY 13e STREET ADDRESS 113c CITY OR TOWN 134 INSIDE CITY LIMITS? 1646 OLD TOWN RD MARYLAND EDGEWATER YES T NO XX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE FIRST MIDDLE WYGANT CHARLES R. CLARK MARY Me WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT 1746 LERCH FAR DAVIDSONVILLE. LERCH FARM CT. I IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) SHARON PROCTOR NO 9-05-1686 APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 20e AUTOPSY? 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NOL YES [NO [71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ¥ LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 71d INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY COUNTY JAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF LOWN STATE MOT WHILE AT WORK AT WORK 22x I certify that (II (this hotelfall) offended/the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 77L/SIGNATURE DEGREE ATTENDING. MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIANUS NAME-THIS OF PRINT 77* ADDRESS

BP

MEDRITANT:

DHMH-16 25M (VRA 15, 4) 1/79 HARDESTY 736. DAT 11/10/84 131. NAME OF CEMETERY OR CREMATORY

MEM

23d LOCATION CITY OF TOWN

COUNTY MD

STATE

BURIAL 24 FUNERAL DIRECTOR

230 BURIAL, CRÉMATION, REMOVAL

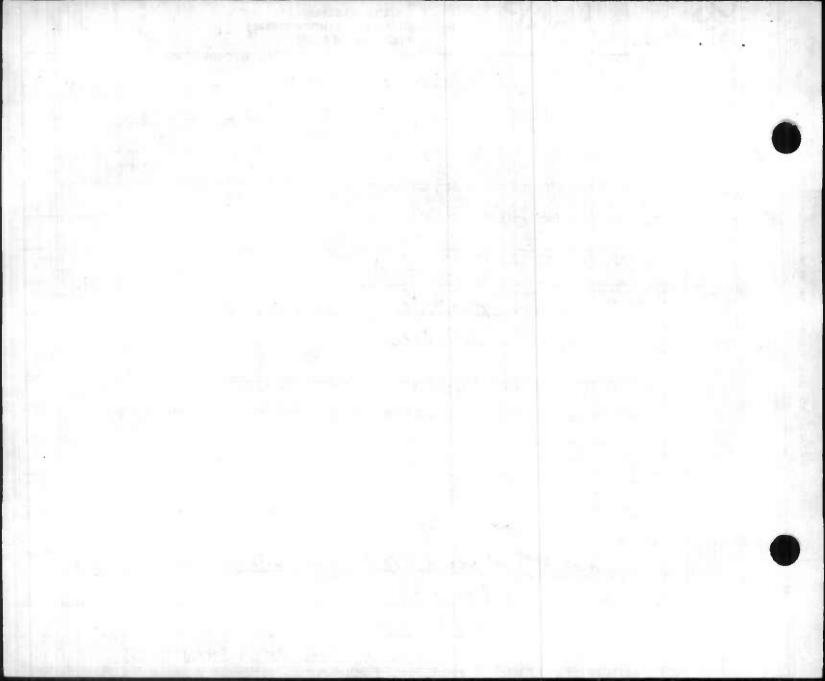
RIDGELY AVE. FUNERAL HOME ANNAPOLIS, MD

HILLCREST

GAR

25R. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

ANNAPOLTS



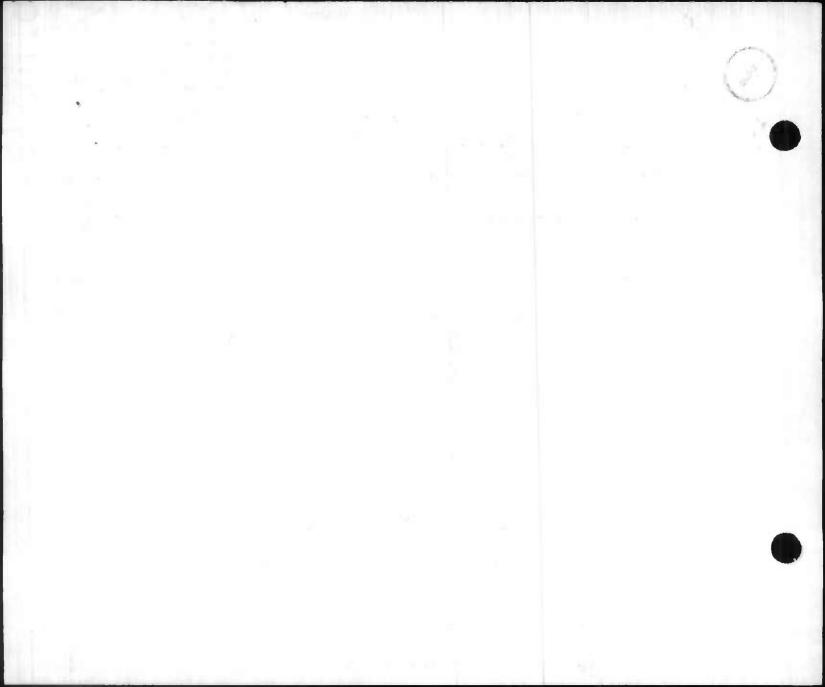
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4	TO FUNETAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director to should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages Page 3 should be filed within 72 hours of with the state Director of Health and Mental Hygiene prior to burial, cremation, or removal.	.1
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deoth	ottendi	raumot
that the	d by the	rother
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e law r	has bee permit.	A COUNTY
Physicio	Inficate I-transit al Hygie	n 18 sho
PHYSIC	this cer ie buria	d or Iter
DING or off	t: After use as the ealth ar	s marke
ATTEN	RECTOR red for u	em 21 ii
ITAL O	SAL Dit detach	ž -
10 HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	TO FUNETAL DRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director should be diffed within 72 hours of which the distance for use as the burial-transit permit. Then please remaye carbon papers. Pages Food 2 should be filled within 72 hours of which the state Diet. of Health and Mental Hygiene prior to burial, cremation, or remayol.	IMPORTANT II I en 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical Landine market
Sec. 10.	PH 40 7	200

DHMH - 16 50M 4/83 (VRA 15, 4)

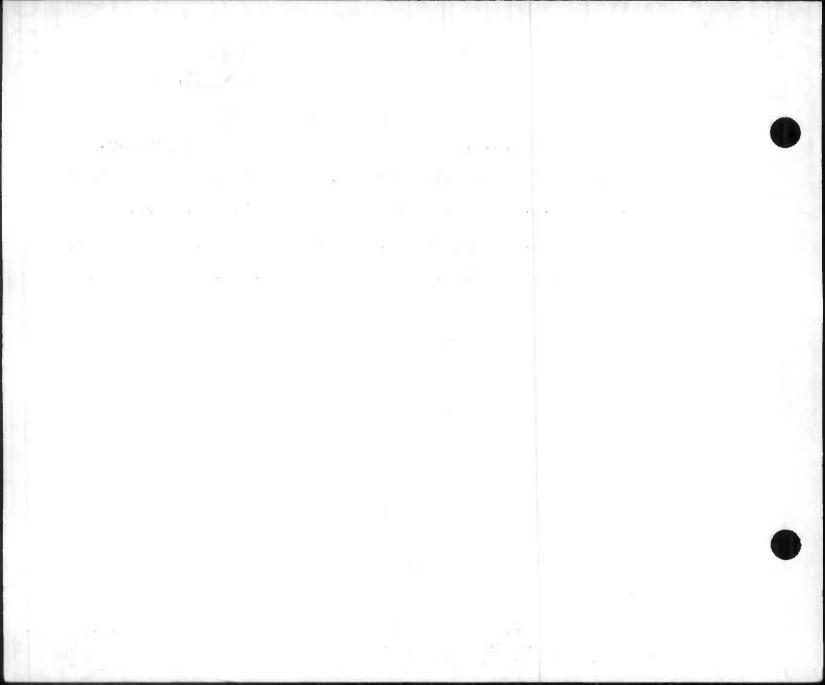
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STATE OF MARYLAND		0	0	1	Ci	
PARTMENT OF HEALTH AND MENTAL HYGIENS	40	ha	7	U	7	
CERTIFICATE OF DEATH		REG. NO.				

	1 -	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
İ	I. DECEASED NAME FIRST (TYPE OR PRINT)		Denson SWALL WOOD				120. DATE OF DEATH MONTH DAY YEAR 1000 M			
	male		white 3		F BIRTH DAY YEAR 3/1892	6 AGE (IN YEARS LAS	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS FOURS MIN.	
/	70 BIRTHPLACE (STATE OR FOREIGN Wash. D.C.		7b. CITIZEN OF WHAT COUNTRY? 8 MARR U.S.A. WIDON			Anne				
4	Н	arwood	Brashears Nut	rs Nursing Home			Dept.	FE) INDUSTRY	ricultur	
1	13a. S	Md A A	. Co. Annapol	N 1	13d INSIDE CITY LIMITS? YES X NO X 15. MOTHER'S MAIDEN N	130 He	ss/zipcobi rring	Rd. 2/	403	
4		FIRST	Lee Small MED FORCES? 166 SOCIAL SECU		Margare 17. INFORMANT	et	DRESS	Messi		
		YES, NO OR UNKNOWN) (IF YES, GIVE	t war or dates) 17-1919 220-44			e Smallwo			3e.	
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a).						INSET AND DEATH		
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. Due TO, OR AS A CONSEQUENCE OF (b) ITUZIME, IM ERS DISTENSIZ Due TO, OR AS A CONSEQUENCE OF								
	CATION	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO D			RMINAL DISEASE OR C	720b. IF YE	VEN IN PART TO S, WERE FINDIN IFYING CAUSES	4GS USED	
	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA		21c. HOW INJURY OCC	YES NO] YI	ES 🗌	NO []	
١	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM, ETC 1	211. LOCATION STREET	CITY C	or TOWN	COUNTY	STATE	
22a.1 certify that (I) (this haspital) attended the deceased from 1987, 19, 19, 10, 11/6/37, 19 saw the deceased alive an 1997, and that in (my) (aux) apinion death accurred on the date and hour and footoe, (I) (my) (did not) view the body after death.							ur and from the			
		THE PHYSICIAN'S NAME ITHIS	mh	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1/8/8/						
	1 P WATKINS									
	(Burial 236. Date 236. Name of Cemetery or Crematory 236. LOCATION CITY OF TOWN Burial 11/19/84 Lakemont Cemetery Davidsonville A.A. M. FUNERAL DIRECTOR 1.2. Did goly Avg. 250. Date REC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE								
-1		NAME	12 ADRIG al Home Ann.	_	Ave.	OV 2 0 1984	0 .	Vavidson-1		



Sett	1-	FOR STATE REGISTRAR		DEPARTM			MENTAL HYG	IENIŠ 44	REG, NO.	2 9	0 9	4
(n)			MI	DDIE	LAST			2a DATE OF		D. HINC	AY YEAR	2b HOUR
B 左1	(TAIME		JOS	SEPH	SMIT	H J	rR.	Nov	19,	198	4	
	3. SE)		4 RACE		5 DATE OF B			& AGE (IN YE)	RS LAST BIRTHE		IF UNDER TYEAR	IF UNDER 24 HRS
rs of	N	Tale	White	3	Mar	30	1925	59		YRS.	DAYS	HOURS MIN.
Po di			76 CITIZEN OF W	HAT COUNTRY?	MAPPIED D	O NEVERA	MARRIED -	9. BALTIMOR	E CITY OR	COUNTY	OF DEATH	
n 72 n 72			U.S.A	4.	WIDOWED		VORCED [Anne Arundel			Co.	M
ofter d			(IF NOT IN SUCH	FACILITY, GIVE STREET	DDRESS]	THER INST	TITUTION	120 USUAL O	OR MOST OF V			BUSINESS OR
24 hours filled in bould be filled must be	USU	AL RESIDENCE (IF NURSING HOME COTATE 136 COL	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)		ITY LIMITS?	13e.STREET A		ZIP CODE	211	161
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriot-transit permit. Then places remayer corbonopaers. Pages 1 and 2 should be titled within 72 hoursh the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayol. IMPORTANT: If them 21 is marked as It	14. FA	THER'S NAME				MOTHER'S	S MAIDEN NA	ME	MIDDIE		IAST	
			.T .		Sr.	Ed	ina		M.		Mod	
S C C C C C C C C C C C C C C C C C C C	The STATE REGISTRAR I. DECEASED NAME FIRST MIDDLE JOHN JOSEPH 3. SEX Male 78. BIRTHPLACE (STATE OR POPERON Maryland 10. CITY OR TOWN OF DEATH Glen Burnie Glen Burnie JUSUAL RESIDENCE (# NURSING-MONE OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADDIT 138. CITY OR TOWN MA. A. Glen Burni 14. FATHER'S NAME 15. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) LEG. SHOOR UNRINOWN) W. W. II 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONDITION FOR WHICH OF MARKED FORCES? WHICH COUSE (b), stoting the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (B ETHER NOTE WINDERLYING) A. WAS DECEASED EVER IN U.S. ARMED FORCES? IMMEDIATE CAUSE (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (B), and (c) stoting the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (B), and (c) stoting the underlying cause lost. (d) 19. DATE OF OPERATION 19. CONDITION FOR WHICH OF MARKED FORCES? 19. CAUSE OF DEATH (b), this hospital attended the deceased from sow the deceased oil we man or other with the body after death. 212. SIGNATURE 222. Leerlify that (f) (this hospital) attended the deceased from sow the deceased oil we man or other with the body after death. 223. BURIAL, CREMATION, REMOVAL 123. DATE 123. NAM 124. FUNDER ALD RESIDENCE TO THE CONDITION FOR WHICH OR SIGNATURE 124. CHARLES THE CALL OF THE CONDITION FOR WHICH OR SIGNATURE 124. CHARLES THE CALL OF THE CONDITION FOR WHICH OR SIGNATURE 125. SIGNATURE 125. NAME (TYPE OR PINIT) 224. FUNDER ALD RESIDENCE REAL OF THE CONDITION FOR WHICH OR SIGNATURE 125. DATE 125. SIGNATURE 125. NAME (TYPE OR PINIT) 225. SIGNATURE 125. SIGNATURE 125. DATE 125. SIGNATURE 125. SIGNATURE 125. SIGNATURE 125. DATE 125. SIGNATURE 12		INFORMA			ADDRESS						
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sicion pers.		II. CAUSE OF DEATH (Enter of	anly one couse per la	ne fog(a), (b), oge	ici i)	0				APPROXIA BETWEEN O	AATE INTERVAL
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the death ce the attending s remaye corb remotion, or re remotion.		gave rise to immediate couse (a), stating the	(b)	hung !	Mil	non	0				>-2	mo
w requires than requires that signed by any Then pleasing to burial, or any or	ATION	PART 2. OTHER SIGNIFICANT						INAL DISEASE	SY?	20b. IF YES,	WERE FINDIN	GS USED
n. hos t	IFIC							YES	NOU	IN CERTIFY YES	YING CAUSES	OF DEATH?
SICIAN: The physicial physicial properties in the physicial physician physic		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M	. MONTH DA	Y YEAR		JURY OCCURE					
offending the post of the post	MEDI	WHILE IT NOT WHILE IT				If LOCATION STREET			CITY OR TOWN	N	COUNTY	STATE
ATTENDIF		saw the deceased alive above ((1)(we) (did) (did)	11/19	19			, 19 8 3 (aur) opinian	. 10	an the date	and haur	and from the c	
3. SEX Male Jo Hospital Or Attended by the hospital or otherdop physician of control posts of the hospital or otherdop physician of control physician of c	Won C a	aleful	y me)		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIA	W []	11/20	184	
O HOSPI		Wac. Wate	erfield	,		900 C	aton "	ques A	Balt	ML	212	29
		Burial	11/23	4 - 1	dar Hj		emete	ry Br	ookl		A.A.	STATE Md
	~	eorge J. Gon	ce 4001	Ritchi	21225 e Hgw		25a DAT	V 201	GISTRAR 25		RAR'S SIGNATI	andell



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land	-/	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AN CERTIFICATE O		REG. NO.	EST
1. DECEASED NAME FIRST	MIDDLE	LAST	2	a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
WILL	.TAM .J	SMITH		NOVEMBER 12	1984 1150 PM
3. SEX	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	CAUCASIAN	JULY 13		63 YRS.	
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVE	R MARRIED 7	BALTIMORE CITY OR COUNTY	Y OF DEATH
MARYLAND	UNITED STATES		DIVORCED	ANNE ARUNDE	I. COUNTY MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		NSTITUTION 1	20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR
GLEN BURNTE	NORTH ARUNDE			THEP ENGINEER	INSURANCE
USUAL RESIDENCE (IF NURSING HOM	OUNTY 130 CITY OR TO		E CITY LIMITS?	3e.STREET ADDRESS / ZIP COD	E
	LEARLINDEL SEVERME		NO 💢	610 THOMAS	WAY 21146
14. FATHER'S NAME	MIDDLE LAST	15_MOTH	ER'S MAIDEN NAME	MIDDLE	LAST
WILLIAM	J. SMITT	1 1	HELEN	ERMA	BRADLEY
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SE	CURITY NO. 17. INFOR	MANT	ADDRESS	
	WI	MAR	THA G. E	MITH (SAME	AS (3)
18 CAUSE OF DEATH (Ente	er only ane cause per line far (a), (b),			2 /	APPROXIMATE HUPEVAL MITWEEN CHICK AND DEATH
PART 1. DEATH WAS CA	DIATE CAUSE (a)	40 Dulia	Mary C	ment	moren
Conditions, if any, which	DUE TO, OR AS A CONSEC		Deel 4	ker dent	24 hour
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC				
	nt conditions <u>contributing t</u>	O DEATH BUT NOT RELA	TED TO THE TERMIN	IAL DISEASE OR CONDITION GIV	VEN IN PART TIO
No. DATE OF OPERATION 71e ACCREMITMENT AND ADDRESS OF THE OPERATION.	TN CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES [] NO []
CALCADE DESCRIPTION OF CAUSE OF	FORATH HOUR A.M. MONTH	DAY YEAR	V BAJURY OCCURRE	D. Lewise wature of mours on the ou	PART (ORPART 2)
OF STREET, NOTHER MODELLI MAN	21s PLACE OF INJURY	NI FOC	ATION HILL	gay ge tgwn	EDDHT THOUS
WHITE D NOT WHAT D	(AT HOME STREET, FACTORS, OFFIC	E LIMM ETC3	MILL		
27s I certify that (I) (this h yow the deceased give above, (I) (we) (did I/di 27s SIGNATURE	original attended the deceased from the on the body after death.	DEGREE	ATTENDING PHYSICIAN	TEDICAL STAFF DIRECTOR PHYSICIAN	that (I: (we) fact up and from the course stoted 72: DATE SIGNED 11-13-4
JACK S	STERN' MD	774. ADD	D MILL	RD, MILLE	RSVILLE, MS 2110
23s. BURIAL, CREMATION, REMO	VAL 736 DATE 27	NAME OF CEMETERY	OR CREMATORY	234 LOCATION	OCCUPATY O STATE 28

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be defached for use with the Shote Dept. of Heal

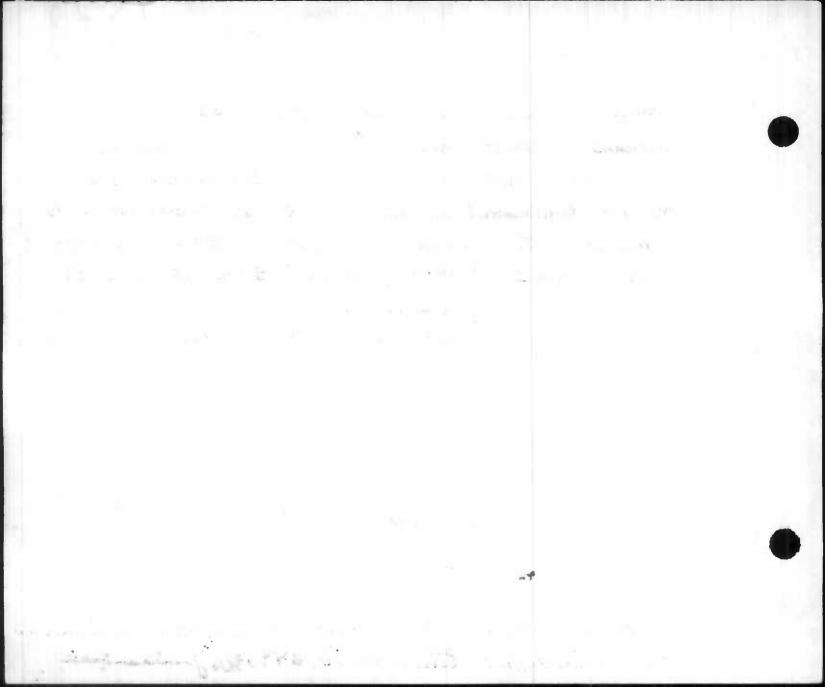
IMPORTANT, IF He

rived or from 18 shows only

24. FUNERAL DIRECTOR

501. RITCHIE HWY. 126 DATE RECT BY REGISTRATES REGISTRATES SIGNATURE SEVERNA PARK, MD. 10019 900 July 1000

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4 may be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0 0 0 9 6

1 - STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. N	0.		O	
1. DECEASED NAME FIRS (TYPE OR PRINT)		MIDDLE		calters	20. DATE OF DEATH	MONTH	1 1984	26. HOUR 2:05p M	
3. SEX Female	4 RACE Cau		5. DATE O	OF BIRTH DAY YEAR 7, 1900	6 AGE (IN YEARS LAST BE	YRS.	1 1984 2:0 IF UNDER I YEAR IF UNDER MONTHS DATS HOURS YOF DEATH UNITY IZE KIND OF BUSIN INDUSTRY COUNT SCHOOL BOAR APPROXIMATE INTE A	IF UNDER 24 MRS	
Ountry) NEW YORK	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIED DIORCED D	Anne Arund	Sasterin		MD.	
Ft. Meade	(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET CARMY C	ADDRESS)	OR OTHER INSTITUTION Hospital	120. USUAL OCCUPAT ITYPE OF WORK FOR MOST ((RET)CAFERTE	F WORKING L	LIFE) INDUSTRY	COUNTY	
	ME OR OTHER INSTITUTION COUNTY ARFORD	13c. CITY OR TOW Havre De	N_	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 108 VANDIVE	R CT.		21078	
JOSEPH	MIDDLE	McCULLY		15. MOTHER'S MAIDEN NA FIRST ANNA	MAE				
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	166. SOCIAL SECU		17 INFORMANT MRS. KAREN FENN	ADDR ER 1899 GASHEY		HAVRE de G	RACE, MD.	
IS CAUSE OF DEATH (Ent PART I. DEATH WAS C	er anly ane cause pe AUSED BY EDIATE CAUSE (a)	r line for (a), (b), an	irato	ry Failure			BETWEEN (MATE INTERVAL ONSET AND DEATH	
Conditions, if ony, which gove rise to immedial couse (a), stating it	DUE TO, C		nic h	eart disease			10 y	ears	
	, (c)	ONTRIBUTING TO	-	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GI			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONE	DITION FOR WHICH	OPERATIC	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI		, WERE FINDINGS USED YING CAUSES OF DEATH?	
OR CONTRIBUTION CALLES	DE DEATH HOUR A	OF INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART TOR PART 2)		
WHILE NOT WHILE AT WORK AT WORK	LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OF TO	OWN	COUNTY	STATE	
220.1 certify that (1) (this saw the deceased ali above, (1) (we) (did)	haspital) attended to ve an 1 NOV	he deceased fram_	25 0 84	nd that in (my) (aur) apinian	, to 1 Nov death accurred on the d	ate and ha		that (I) (we) last causes stated	
226. SIGNATURE	than =	Sofren	MY	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []			
JONATHAN		PT. MC	U	22e. ADDRESS Kimbrough A	Rmy Communi		1.77	Ft.Mead Marylan	
23a BURIAL, CREMATION, REMO (SPECIFY) BURIAL		MBER84		CEMETERY OR CREMATORY L HILL CEMETERY	23d LOCATION CITY OF TOWN HAVRE de (GRACE,		STATE	

BP. DHMH - 16 50M 4/82

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completel should be detached for use as the burial-transit permit. Then please remove carbanpapers, Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event at

MPORTANT: If them 21 is marked or them 18 s per unit

24 FUNERAL DIRECTOR FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 (VRA 15, 4)

25a. DATE REC'D.

256 REGISTRAR'S SIGNATURE
Julia Davidson-Randall

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County	Interval		Y.		1	u.s.	
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lospical, Natyl	т <u>(2.3 ўздянно</u>)	Test I	guorda 17		SP . 195	AN SATERLY	HTAHOG
	MIN						

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requires that the death certificate be executed within 24 hours after death. Page 4 may

STATE OF MARYLAND

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1.	FOR STATE	DI	EPARTMENT OF H			ENE of	9 0	1 1	
Ľ	REGISTRAR			ICATE OF I	PEATH	REG. NO.		EST	
	CEASED NAME FIRST	WIDDLE	Į.	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
(1	IRONE	E	STEVEN	ISON	SR	NOVEMBER	8, 1984	0545 PM	
3. SE		4. RACE	5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA		
	Male	Caucasin	1 1 MONTH	12	02	82		YS HOURS MIN.	
	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	NEVER /	MARRIED -	9 BALTIMORE CITY OR COU			
1	Maryland	USA	WIDOWE	D DI	VORCED 🗌	ANNE ARUND		/// //	
	GLEN BURNIE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI NORTH ARUN	DEL HOSPI		TITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN POULTRY Far	NG LIFE) INDUST	D OF BUSINESS OR RY	
USU:	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUT	TY 13c CITY C	CE BEFORE ADMISSION) OR TOWN ANOVER	13d. INSIDE C	ITY LIMITS?	13. STREET ADDRESS / ZIP CO 7482 Ridge	Rd. 21	.076	
14. FA	ATHER'S NAME	WIDDIE I	AST	15. MOTHER	S MAIDEN NAM	ME MIDDLE		LAST	
I	ra Edi	mond Stev	renson	E	lla	Gray	Ste	rling	
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCI	AL SECURITY NO.	17 INFORMA		ADDRESS			
	No	217	-01-685	6 Reba	a Steve	enson (same	as 13	Be)	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for to	, (b), and icui	,				OXIMATE INTERVAL EN ONSET AND DEATH	
		TE CAUSE (o)	Respir	a tong	1 fai	lure			
		DUE TO, OR AS A CO	NSEQUENCE OF	,	/	pulmency			
	Conditions, if ony, which	(b)	(OPD		pulmoney	1de		
	gove rise to immediate cause (a), stating the								
	underlying couse last (c)								
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTI</u>	NG TO DEATH BUT	NOT RELATED	TO THE TERMI	nal disease or condition	GIVEN IN PART	110	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I			
RTIF				,		YES NO	YES	NO 🗌	
S	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c HOW IN	IJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART	2)	
CAI	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19						
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
^	AT WORK NOT WHILE								
	22a certify that (I) (this hasp				10 8.4		1974	_, that (I) (we) lost	
,	sow the deceased alive or above, (1) (we) (did) (did no	1) view the body ofter death	19 💆 🛨 , or	nd that in (my)	(our) opinion d	leath accurred on the date and	hour and Irom	the couses stated	
	22b SIGNATURE	10		DEGREE	775.15.10			ATE SIGNED	
		Lace	/ w.	<i>D</i>	ATTENDING PHYSICIAN 💯	MEDICAL STAFF DIRECTOR PHYSICIAN		1.8.R.	
	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRES	518	S. CAMP MEADE	ROAD		
	SACIT FREN.	M. D.		LI	NTHICUM				
	BURIAL, CREMATION, REMOVAL		23E NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	COUNTY	STATE	
	(SPECIFY)	11_0 8/1	Comme		0000		2001411	STAIL	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 sbould be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar remayal.

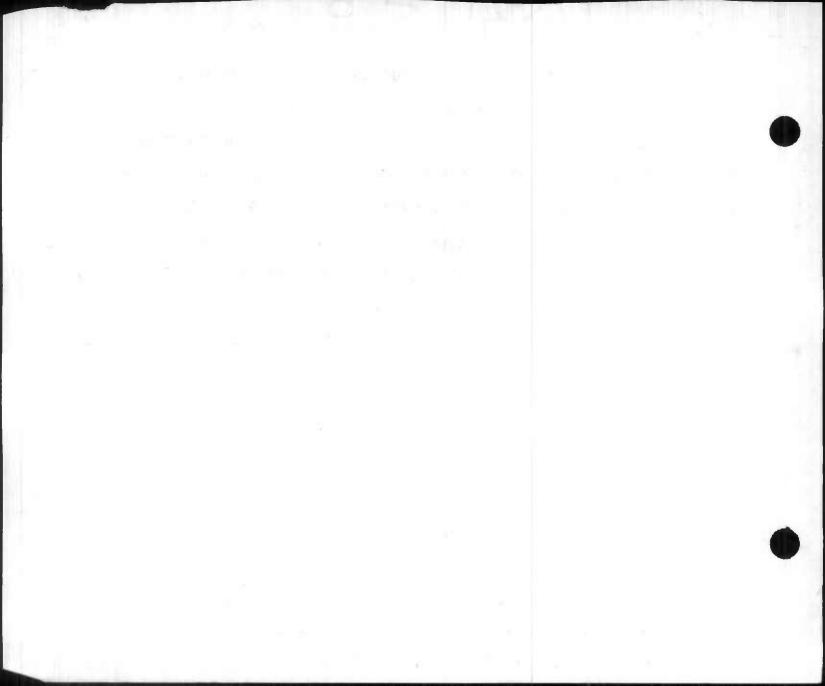
IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical

Cremation
24 FUNERAL DIRECTOR
NAME
Mac Nabb F. H

Catonsville. Md. 21228

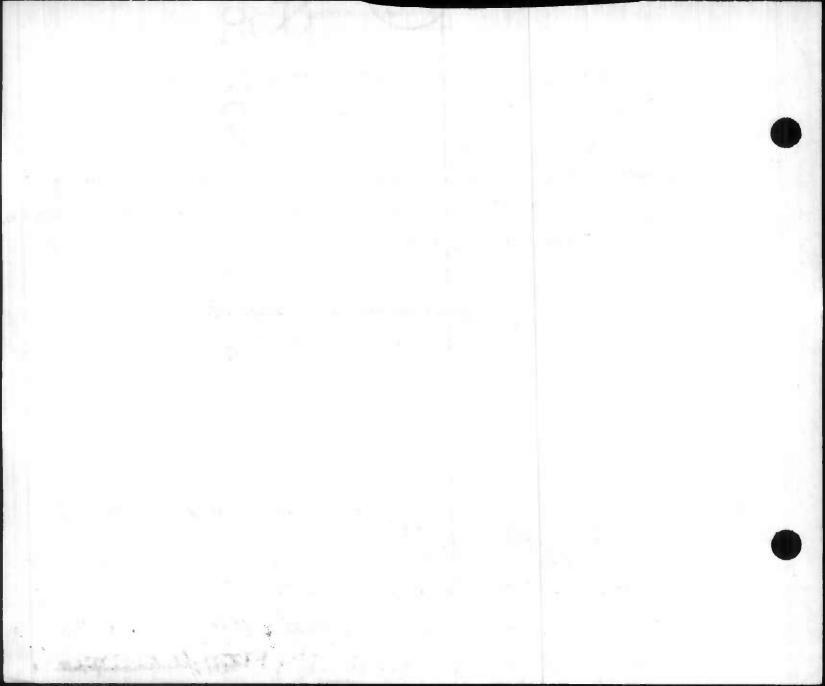
Process | 150. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

Le Kill



1	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 299998 CERTIFICATE OF DEATH REG. NO.
B	(TY	CEASED NAME FIRST	EL MARIE STINCHCOMB 11-5-54 GAM
rector process	3. S	FEMALE	1 RACE S. DATE OF BIRTH MONTH DAY 2-12-11 FUNDER 14 FUNDER 14 FUNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
deoth. Pe	7	COUNTRY) MD	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 1
by the fune	5	EVERNA PHIZE	111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 LOVEL HAGETHY BETTALL 120 KIND OF BUSINESS OR (TYPE OF WORK IF OR DOS) OF WORKING IFFE) 120 KIND OF BUSINESS OR (TYPE OF WORK IF OR DOS) OF WORKING IFFE) 120 KIND OF BUSINESS OR (TYPE OF WORK IF OR DOS) 120 KIND OF BUSINESS OR (TYPE
rithin 24 hour	13a.	STATE 136.50	· H. CO SEVERNA MY YES NO DUO LOWER MAGGITTY BEACH
omple omple		ATHER'S NAME FIRST EDE WAS DECEASED EVER IN U.S.	MIDDLE SALMEN BARBARA MIDDLE SCHWART 2 ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS APPRIL DATE OF THE PROPERTY ADDRESS APPRIL DATE OF THE PROPERTY ADDRESS ADDRESS
be executor and c		(YES, NO ORUNKNOWN) (IF YES, I	ONLY ONE COUSE PER INTERIOR OF THE PROCESS OF THE P
is that the death certification of the other corbant please remove corbant irral, cremation, or removed; or ather traumatic eve		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF CONSTITUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IND
The low require icion. The hos been sign sign permit. Then giene prior to bu showe any injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IG PHYSICIAN: The attention physicio certhis certificate by she buriel-transit ond Mental Hygie ked at them 18 sha	MEDICAL CE	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED WHITE NOTIFY MEDICAL EXAMIT ALT WORK AT WORK	DEATH HOUR A.M. MONTH DAY YEAR
AL OR ATTENDING THE Hospital or the hospital or and DIRECTOR: Af AL DIRECTOR: Af AL DIRECTOR: Af Health of	1	sow the deceased alive	DEGITEE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL of retoined by the TO FUNERAL IS should be detain with the Store II IMPORTANT: If		Donald H.	Hislop, M. D. Robinson Road - Severna Park, Md.
	1,70	19EST A CALL	COUNTY A STATE /

DHMH - 16 50M 4/83 (VRA 15, 4)



				STATE OF MAKILA	שאו			m 13	13	
m	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 2 9 9 9 7 CERTIFICATE OF DEATH							
34	1 DE		Iorence MIDDLE			REG. N	O. MONTH DAY	YEAR 7	HOUR	
		OR PRINT!		Skan				100	7.21	
		Florens		STRAYER		/Youenbe		NDER I YEAR IF	F LINDER 24 HRS	
	3 SE	-	4 RACE	S DATE OF STRTH	YEAR	OF	MONT	_	OURS MIN	
	P	Temali	Caucasian	4 4	89	7.5	YRS.			
5		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	AARRIED -	BALTIMORE CITY O				
2	1	spratown, Pa.	43A		ORCED		rundel C		M	
4	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		TUTION	128 USUAL OCCUPAT		126. KIND OF B	BUSINESS OF	
0	E	gewater	Pleasant divil	vg GAN. Cen	1tep	teacher	7	Educa	tion	
1	USU.	V RESIDENCE (IF HURSING HOME OF TATE 131. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	MADMISSION) VN 134 INSIDE CI	ITY LIMITS?	13e STREET ADDRESS	G	216	201	
1		Md. Que		TES I	NO 🗌	704 Dis	mond	57		
2	14. F/	THER'S NAME	MIDDLE LAST	IS MOTHER'S	MAIDEN NAM	MIDDLE		LAST		
K		FRANCIA)	11 -1 -10.	MAN J	TENNU		Ha	FPm	9N	
17		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO. 17 INFORMA	NI grande	daughter	SS			
1		No	186-32-	4113 Penny	Plack .	705 Broadmo	or Dr.	Annap	olis.	
		18 CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b), or						TE INTERVAL	
			inly one cause per line for (0), (b), or ED BY ATE CAUSE (0) Mus Cara	lial Info	ection					
		IMMEDIA	1		Cijoro					
		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF						
		gave rise to immediate) (b)							
6		underlying cause lost	DUE TO, OR AS A CONSEOU	ENCE OF						
	13	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN I	N PART 1(a)		
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7	IFIC					YES NO	IN CERTIFYING		P DEATH?	
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A	100	OR CONTRIBUTING CAUSE OF D		AY YEAR						
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8	T.	AT WORK — AT WORK —	other) attacked the deserved from	Nov. 16.	10 83	Nov. 20	10	84_ the	A (1) (a) la	
			offat) attended the deceased fram	97.	-, , ,	eath occurred on the d		,	ot (I) (we) lo	
	Ю	aboye (1) (we) did) (did n	ot) view the barry after death.	DEGREE				22c DATE SK		
	9	THE CONTRACTORE	Alla as	217 A	TTENDING _	MEDICAL STA	FF _	ZZC. DATE SIC	31420	
+		224. PHYSICIAN'S NAME (TYPE	guy 1	220 ADDRES		DIRECTOR PHYSIC	IAN .			
						A	Manual a	1		
		Jon B. Lowe				Annapolis	, Maryla	na		
	23a, [SURIAL, CREMATION, REMOVA	L 238-DATE 23c	NAME OF CEMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN	COU	NTY	STATE	
	F	urial	Nov. 24, 1984	Grandview Cer			town, Pe			
И	24 FI	INERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR	P 1. 1	SOL	E	
79		Capitol Funera	1 Service, Falls	Church, VA	NOV	2 6 1984	Sa Dayd	JOH- North		

STATE OF MARYLAND

NOT SEERL SELL SELL SAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE TE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE KNOWN XX MONTH 7b. HOUR (TYPE OR PRINT) 11-26-84 DEATH MATED TERRANT SEL DON WALTER 4 RACE 5. DATE OF BIRTH AGE (IN YEARS F LINDER 24 HRS 2d HOUR 20. DATE LAST BIRTHDAY PRONOLINCED 11-26-84 DEAD 5:38a To BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH VEVER MARRIED FOREIGN COUNTRY) IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Anne Arundel "General Hospital Annapolis hemis 13d. INSIDE CITY LIMITS? MIDDLE ADDRESS Same as WELL NO OF UNKNOWNS PS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS RECE & SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PACE 3 SHOULD BE USED AS A BURIAL-TRANSII PEMIL AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL INTERING BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVED. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAE DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from: Natural causes Accident Suicide L Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 11-27-84 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn STreet EXAMINER'S NAME Margarita A. Korell, M.D. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION

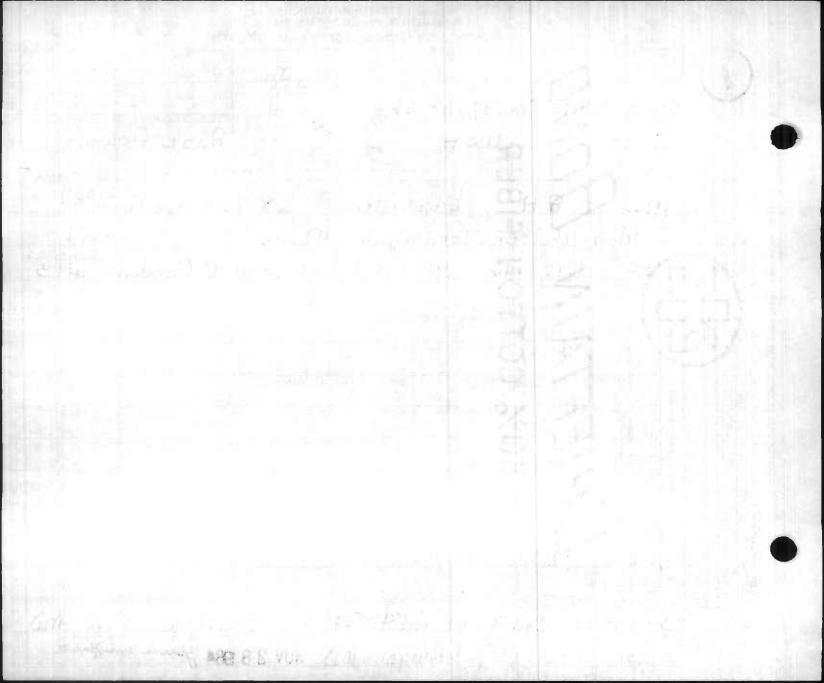
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24 BUNERAL DIRECTO

231. NAME OF COMETERY OR CREMATORY



STATE OF MARYLAND

			STATE OF MARTLAND	
L	FOR STATE GISTRAR		NENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO. FST
	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
L	EMORY	J	THOMAS	NOVEMBER 25, 1984 0545 M
E	SEX 4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DATS HOURS MIN.
j.	Male	BLACK	M9NIH 29 23	61 YRS
7:	BIRTHPLACE STATE OR FOREIGN /b	CITIZEN OF WHAT COUNTRY?	MARRIED XXNEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
1	MARYLAND	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL COUNTY MD.
1	GLEN BURNIE	IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Шí	JSUAL RESIDENCE IF NURSING HOME OR OT 36. STATE 136. COUNTY ARYLAND A.A.	IJ. GITY OR TOWN		13. STREET ADDRESS VERY CROST 21054
T	FATHER'S NAME CHARLES	THOMAS	15. MOTHER'S MAIDEN N	
Ī	WAS DECEASED EVER IN U.S. ARME			to., Md. ADDRESS 21213 TELD 1737 E. Preston St.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)	BY:	en my falle	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	algheron	clerase
ı		NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART Tra-
	O V			
	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 210. MULTIPLE OF OPERATION	216 TIME OF INJURY	21c HOW INJURY OCC	IN CERTIFYING CAUSES OF DEATH?

224 SIGNATURE

22e ADDRESS

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

221 DATE SIGNED

724 PHYSICIAN'S MAME THE OFFICE

ATTENDING

206 CRAIN HIGHWAY, SOUTHWEST

ANASTA 10
230 BURIAL, CREMATION, REMOVAL
BURIAL
4 FLINIE

NAME OF CEMETERY OF CREMATORY HILL CREST CEMETERY

Annapolis

Maryland A.A.

WILLIAM REESE & SONS MORTUARY, P.A. 24 FUNERAL DIRECTOR (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 28 1984 Juna Davidson-Rand

who Davidson-Randalle

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carban appears fings with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

retained by the haspital or attending physician

HOSPITAL

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injury, or other troumatic event, th

IMPORTANT: If Hem 21 is morked or hom

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milyku: A.A. alfaganna					
408 8 5 V	Or .	17 Th		14.3	KATUEN .

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE S
CERTIFICATE OF DEATH

EST

REG. NO.

	ASED NAME	FIRST		WIDDLE	l	AST		20. DATE OF DEA	TH M	ONTH	DAY YEAR	26 HO	UR
TYPE OR	PRINT)	JAMES	F		THOMA	S, JR.		NOVEMBE	R 5,	198	34	12:	25P M
3. SEX			RACE		5. DATE C			6 AGE IN YEARS L	AST BIRTH	DAY)	IF UNDER 1 YEAR		FR 24 HRS
N	Male		White	e	Aug		1959	25		YRS	MONTHS DAYS	HOURS	MIN.
	HPLACE (STATE	E OR FOREIGN		WHAT COUNTRY	? 8.			9. BALTIMORE C	ITY OR		Y OF DEATH		-
Ma	aryland		U.S.	Α.	WIDOWE	D NEVER M	ORCED	ANN	E AF	RUNDE	EL COUN	TY	MD
	OR TOWN OF	DEATH	1. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INST	ITUTION	12a USUAL OCCI			12b. KIND		NESS OR
	LEN BUR			TH ARUND		PITAL		Truck [iegh	t
13e STA		13b. COUN	TY	136. CITY OR TOV	WN	13d. INSIDE CI YES 🗍	TY LIMITS?	706 Cru				08	
14 FATH	IER'S NAME		HODLE	LAST			MAIDEN NAM		DDLE			AST	
i	James		F.	Thomas	Sr.	Eve1		11112	Ē.		Coyi		
	S DECEASED E	VER IN U.S. ARA	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMAL	NT	4	DDRES	S			
{462	no	(IF TES, GIVE	WAR OR DATES!	220-60-	8330	Donn	a L. Th	nomas sa	ame	as 1	3		
18	CAUSE OF D	EATH (Enter an)	y one cause per	line for (a), (b), a	nd (c).)						APPRO BETWEEN	NATE INT	ERVAI ND DEATH
	PART I. DEAT	H WAS CAUSED	BY: CAUSE (a)										
-	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONSIDER TO DELL'S TREMITATION OF THE PROPERTY OF THE PROPE							VEN IN PART 1	Ira				
					1	8- 11							
CERTIFICATION	a DATE OF OP	ERATION	196. COND	DITION FOR WHICH OPERATION WAS PERFORMED			RMED	YES NO	?	IN CERTI	S, WERE FIND FYING CAUSE ES [7]		ATH?
21	le. ACCIDENT WA	S UNDERLYING	21b. TIME C			21c. HOW IN.	ED (ENTER NATURE						
		CAUSE OF DEA	IN	.m. month [.m.	DAY YEAR								
WEDIC	MHILE TO NO	MEDICAL EXAMINER) CURRED DI WHILE I WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE		21f. LOCATIO STREET	N	CIT	Y OR TOW	N	COUNTY	S	STATE
22			at) attended th	ne deceased from			. 19	, to			. 19	, that (I)	(we) last
	saw the dec	ceased olive an.	yew the hady	19	, ar	nd that in (my)	(our) opinian d	leath occurred an	the dat	e and ho	ur and fram th	e couses	stated
2	26 SIGNATURE		/	1		DEGREE		/			22c DAT	E SIGNE	D
		Jun 2	my	whit	us y		TTENDING PHYSICIAN	DIRECTOR P	STAFF		11/	518	240
27	d PHYSICIAN	SNAME ITYPE OF	PRINT)			22e ADDRES	7845	OAKWOOD	ROZ	AD,	107		
	JOSE	M. PRES	BITERO,	M.D.			GLEN	BURNIE,	MAI	RYLAN	ND 2106	1	
		ON, REMOVAL	23b. DATE	23(NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION			COUNTY		STATE
Bu	rial		5 No	v. 84	Holy	Cross C		Brook	clyn		A.A.		MD.
	ERAL DIRECTO	R		_ ADDRESS			25a. DATE	REC'D. BY REGIS	TRAR 2	ShareGIS	TRAR'S SIGNA	Hand	المعك

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING retained by the hospital or att

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inding physicion and completely filled in by the funeral director is carbonpopers. Pages 1 and 2 should be filed within 72 hours after it, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar re

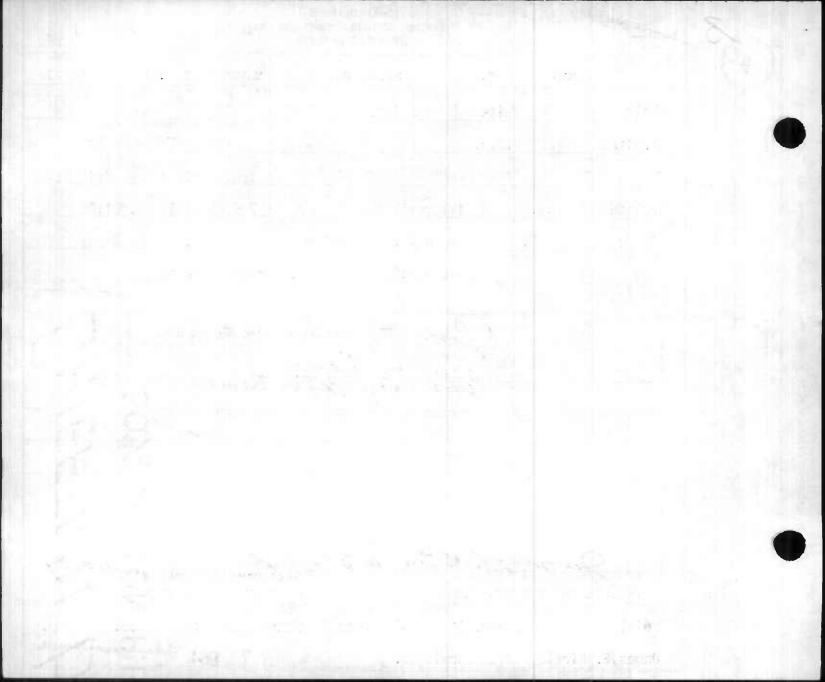
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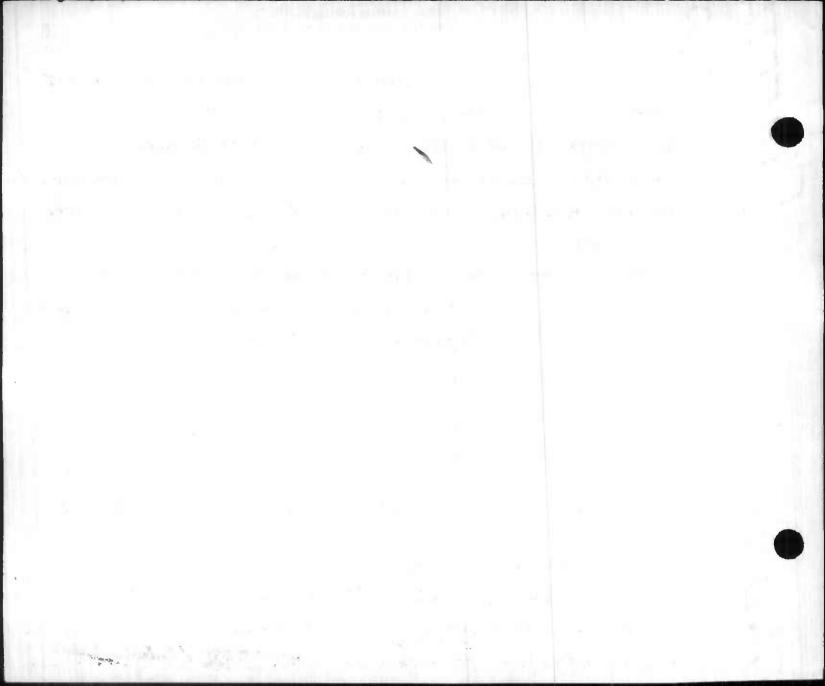
STATE
REGISTRAR

James S. Kirkley Glen Burnie MD.

1984



	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IEME O A	0 1 0 7
1	STATE REGISTRAR	DEFARII	CERTIFICATE OF DEATH	REG. NO.	Aprox.
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
,,,,,	FRANC	es	THOMPSON	NOVEMBER 2	1984 7:15
3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS UAYS HOURS MIN.
F	EMALE	CAUCASIAN	SEPT. 25 1900	84 YRS.	
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
	ew Jersey	UNITED STATES	WIDOWED DIVORCED	HNNE ARUNDE	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
1000	VERNA PARK	305 HOLLAND	Ro.	TEACHER	NEPTUNE CITY BD.
13a.	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW ARUNDEL SEVERNA	N 13d INSIDE CITY LIMITS?	305 HOLLAND	5) (2) (4) (
	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
1	(UKKNOWN)	GIBSOI		UHKHOWH)	LASI
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
	NO TES, OF	148-30-2	2841 VIVIAN GOM	BA (SAME)	AS 13)
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), on	od (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE ATH WAS CAUSI IMMEDIA	TE CAUSE (0) CEVED	ro Vascular A	culdent	1 unadiate
		DUE TO, OR AS, A CONSEOU	ENCE OF	h _a	
	Conditions, if ony, which gove rise to immediate	(16) CEVELUE	Vascolar Sch	QV=SI3	Yeurs
	couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEOU	ENCE OF		
1		(c)			
N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	inal disease or condition g	IVEN IN PART TIO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
ΙĔ				4	YES NO
000	210. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM 16	B PART I OR PART 2)
U		ATU HOUR A.M. MONTH D	AT TEAR		
	OR CONTRIBUTING CAUSE OF DE		19		
		P.M. 21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
MEDICAL CE	(IF EITHER, NOTHY MEDICAL EXAMINE	P,M,	211 LOCATION	CITY OR TOWN	COUNTY STATE
	(IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 22a Certify that (1) this hosp	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, itol) ottended the deceased from	FARM EIC) 2II LOCATION STREET		. 19_8 that (we) los
	(IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 22e I certify that (I) this hosp sow the deceased alive of	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, itol) ottended the deceased from	FARM EIC) 2II LOCATION STREET	city OR IOWN	. 19_8 that (we) los
	(IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 22e I certify that (I) this hosp sow the deceased alive of	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, itol) ottended this deceased from	PARM, ETC.) 711 LOCATION SIREET 19 24 , ond that in myl our) opinion DEGREE	death occurred on the date and hi	. 19_8 that (we) los
	(IF EITHER, NOTHY MEDICAL EXAMINE 71d. INJURY OCCURRED WHILE AT WORK 27e I certify that (I) this hasp sow the deceased alive or above, (I) (We) (did) (did in 17h. LIGHT AT LIFE 270	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. iitol) ottended the deceased from 19 101) view the body after death.	PARM, EIC) 2II LOCATION STREET 10 2 0 19 0 19 0 19 0 19 0 19 0 19 0 19		that (we) los
	(IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify the deceased olive or obove, (1) (we) (did) (did not obove,	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. iitol) ottended the deceased from 19 101) view the body after death.	PARM, EIC) 2II LOCATION STREET 10 2 0 19 0 19 0 19 0 19 0 19 0 19 0 19	deoth occurred on the date and hi	that (we) los
	(IF EITHER, NOTHY MEDICAL EXAMINE 71d. INJURY OCCURRED WHILE AT WORK 27e I certify that (I) this hasp sow the deceased alive or above, (I) (We) (did) (did in 17h. LIGHT AT LIFE 270	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. iitol) ottended the deceased from 19 101) view the body after death.	PARM, EIC) 2II LOCATION STREET 10 2 0 19 0 19 0 19 0 19 0 19 0 19 0 19	deoth occurred on the date and hi	ur and from the couses stated 27c DATE SIGNED
WEDICAL MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINE 71d. INJURY OCCURRED WHILE AT WORK 72e I certify that (I) this hosp saw the deceased alive or above, (I) (we) (did) (did in 72d. PH IAN'S NAME (TYPE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, itol) ottended the deceased from 19 Sol) view the body after death. M. C. J.	TIL LOCATION SIREET 10 20 10 20 10 20 10 20 10 20 10 20 10 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	deoth occurred on the date and he MEDICAL STAFF DIRECTOR PHYSICIAN LIE HOY STAFF LIE HOY	ur and from the couses stated 27c DATE SIGNED
WEDICAL MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22d. I certify that (I) this hosp sow the deceased alive or obove, (I) (we) (did) (did not obove, (I) (we) (did) (did not obove). 22d. PHY LAN'S NAME (TYPE BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, itol) ottended the deceased from 19 continue the bady after death M. Car. OR PRINT) M. Car. Nov. 6, 1984 St.	TIL LOCATION SIREET 10 20 10 20 10 20 10 20 10 20 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	deoth occurred on the dote and he MEDICAL STAFF DIRECTOR PHYSICIAN LIVE HUY GO 123d LOCATION CITY OR TOWN LY WALL TOWNSHIP	TOUNTY STATE
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO),			177	

	REGISTRAN					REG. N	J			
	EASED NAME FIRST	MIDDLE	į.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOU	
TYPE	Phillip	Franklin	Tipp	ett		November	12.	1984	7:05	A.
3. SEX		RACE	5. DATE C			6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	
M-		White	MONTH	DAY	1903	81		MONTHS DAYS	HOURS	MIN.
Ma 70. BIF		b. CITIZEN OF WHAT COUN	NOV.			9 BALTIMORE CITY O	R COUNT	TY OF DEATH		
	OUNTRY) District		MARRIE	1	MARRIED -	Anne Arund				
of	Columbia	U.S.A.	WIDOWE C		IVORCED	120. USUAL OCCUPATI		12b. KIND C	E BLISTNIE	MD.
		Anne Arundel			5111011014	Horse Deal	F WORKING	UFE) UNDUSTRY		
				pital		Horse Dear	er	DWII BC	STILE	55
13a S	L RESIDENCE (IF NURSING HOME OR C TATE 136 COUNT			13d. INSIDE	CITY LIMITS?	130 STREET ADDRESS		100761		
Ma	ryland Anne	Arunde LShady	side	YESX	NO [1202 Oak A	ve.,/	20/64		
14 FA	THER'S NAME	NDDLE LAS	Ţ	15. MOTHER	'S MAIDEN NAA	AE MIDDLE		LAS		
		F. Tipp		Gilbe		Irene	-	Townsher	id	
160 V	AS DECEASED EVER IN U.S. ARM		SECURITY NO.	17 INFORM	ANT	ADDRE	55 1	202 Oak	Ave.	,
N	20,110 011 0111110 11111	WAR OR DATES)		Victor	cia Eliz	abeth Tippe	tt-S	hadvside	Md/	
	18 CAUSE OF DEATH (Enter only	and the last of th	h) and (c)					0/64 APPROX		
	PART I. DEATH WAS CAUSED	BY:	As .	100	.Abst	Suna	40	BEIWEEN	MCA	
	IMMEDIATE	CAUSE (o)	77	2/00	14/10/1	- JANUA	0.16		7900	LING
80		DUE TO, OR AS A CONS	SEQUENCE OF							
	Canditions, if any, which gove rise to immediate	(p)					-			
200	cause (a), stating the	stating the cause last. DUE TO, OR AS A CONSEQUENCE OF								
100	(c)									
_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
ě				10. b						
CA	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
TIE		20 10 10 10				YES NO		YES	NO [
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	L DAW VEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	=	
AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR							
DIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	17	211 LOCAT		T 1 2		- 1		
WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O	PFFICE, FARM, ETC)	STREE	EŤ	CITY OR TO	WN	COUNTY	S	TATE
	AT WORK AT WORK	Is an all the decided	10/1		84	Mad	12	10 89	.1	->1 -
	220 I certify that (I) (this hospital saw the deceased alive on_	Nav. T		ed that in (my	() (our) opinion o	death occurred on the de	te and h		that (1) (v	
	above, (1) (we) (did) (did nat)	view the body after death.		1	- opinian c	seam occurred on me di	one one ne			nea
- 1	226 SIGNATURE	1/1/	1	DEGREE	ATTENDING	MEDICAL STA	F	22c. DATE	SIGNED	
30	New	e y/com	1	4)	PHYSICIAN	DIRECTOR PHYSIC		11//	-18	9_
JV.	22d PHYSICIAN'S NAME (TYPE OR	- 110		220. ADDRE	ss 6	1 6 A	. 11	1, 1	11	1. /
100	MARULYV	7. KA72=	N MD	65	25 Be	lerest Rol	-/7x	attscil	0	701
	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			1	
	Surial	11/14/84	Trinity	Memor	ial Gard	dens Walldor	f (Ch	narles)	Md/	PATE
24 FU	INERAL DIRECTOR				AL ZEO, DATE		25b BEGI	STRAR'S SIGNAT	URE	
Ri	chard A. Colema	an Funeral Hor	ne		MPV 1	6 1984 cold	Davis	bon-Handa	02	

DHMH-16 30M 2/80 (VRA 15, 4)

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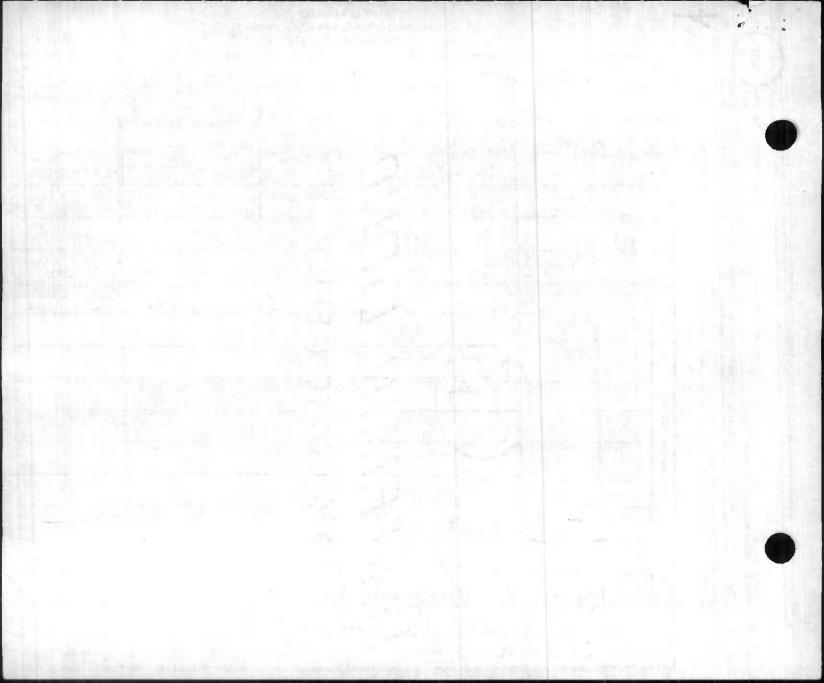
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in , the time the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be their with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

Richard A. Coleman Funeral Home Upper Marlboro, Maryland 20772



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR	VAI ANTI		E OF DEATH	REG. NO	La 7	1	0 3
١		EASED NAME FIRST	MIDDLE	AST		20. DATE OF DEATH	AONTH OAY	YEAR	26. HOUR
	(14bF	ORPRINI) Allaro	Stevens	STAR	SVSKU	No	U 15	1984	M
ı	1. SEX	4 RAC	CE	5. DATE OF BIR	Н	6. AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
		Female	White	MONTH	19/12	82	YRS.	ITHS DAYS	HOURS MIN.
9	Ja. 88	THPLACE (STATE OF FOREIGN 76. CIT	TIZEN OF WHAT COUNTRY?	8.	NEWED WADDIED [9. BALTIMORE CITY OF		DEATH	
7	3	laculand	USA	WIDOWED [NEVER MARRIED U	Anne	Arw	odel	Co. MD
)	III CI		NAME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET		HER INSTITUTION	120 USUAL OCCUPATION			SUPEY.
	H	nnapolis H		nuelsc	ent Catr	Ket Sec		H.AC	School
ì	DSUA DE S	TATE 136 COUNTY	INSTITUTION GIVE RESIDENCE BEFORE	N 1134 I	NSIDE CITY LIMITS?	13. STREET ADORESS /		1214	to3_
4	14 5 4	THER'S NAME	- Hinnabo		OTHER'S MAIDEN NAM	DOO Tres	siden	L 24	reet
A	19 FA	FIRST MIDDLE	CA LAST		FIRST	WIODLE		C T	
1	0	VAS DECEASED EVER IN U.S. ARMED F	ORCES? 166 SOCIAL SECU	10 S 11 11	FORMANT (ADDRES	2	Gal	es
	100 V	ORUNKNOWN) (IF YES, GIVE WAR O		2220	4 1 1	7-	D	Same	e as
	_	130	211-32	JIZTIK	ngolby 1	12-10 LON:	iky	APPROVI	MATE BUTEBUAL
		18 CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY:	couse per ine for lai, (b), on	dichi U	16.2.00				MATE INTERVAL
ı		IMMEDIATE CAL	JSE (a) Mam (α , ra	HEN CORC	emico		611	702
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENCHOF L	autotic	disease		UM	nos
		gave rise to immediate	DUE TO, OR S A CONSCOU	ENICE OF		1		1	
í		underlying cause last.	(c) CONSECUE	homa	1 de pro	ast		6m	102
		PART 2 OTHER SIGNIFICANT COND	KIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED O THE TERM	IN AL DISEASE OR COND	ITION GIVEN	IN PART 110	0
	NO.	Coreptal and	erio- Schero	1965-0	enent	'a.			
7	CERTIFICATION	198 DATE OF OPERATION	%. CONDITION FOR WHICH	OPERATION WA	SPERFORMED	20e AUTOPSY?	20b. IF YES, W		
C	100			-		YES NO	YES [NO 🗌
Ž			16. TIME OF INJURY HOUR A.M. MONTH D.		HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART	I OR PART 2)	
ř.	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MEDICAL		THE PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, F		LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
	*	NOT WHILE AT WORK		1-		Y	1		
		220.1 certify that (I) (this hospital) of	// ///	1910		10 0/10x1eu	19.		that (1) (ma) fast
		the deceased alive on ave; (ii (we) (did) (dig not) view	v the body after death.	ond tha	t in (my) (my) opinion o	death occurred an the da	te and hour or	nd from the	causes stated
		I I I I I I I I I I I I I I I I I I I	A	DEGR		/MEDICAL STAF		22c. DATE	SIGNED
		Well le	Mour) MI		DIRECTOR PHYSICI		1/2/	6-84
		224 PHYSICIAN'S NAME (TYPE OR PRINT	DVO()	276	ADDRESS	10 1	. /	1	
Ħ		ICIEKT. VEI	TAUGU	1/4	Antorest	the Hon	2 /2/13	BA	21608

DHMH - 16 50M 4/83 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL

1419 torest Br. Hma METERY OR CREMATORY 23d. LOCATION CITY OR IOWN 23c NAME OF CEMETERY

INERAL DIRECTOR Funeral Chapel-Honapolis MU

Birth Location of the residence of the latest the lates the heart was a second with the second and the second of the second o The supply they are the second cubical space of the second

DHMH - 17 (VR A)5 ME (5)) 20M 4/82

STATE OF MARYLAND	
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1106
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	, 0 0
1. DECEASED NAME TIZABETH ANNE BRINKLEY TROOP OF ESTI-	TH CAY YEAR 26. HOUR
TIZABETH ANNE BRINKLET TROOP OF ESTI-	1 1 1984 1
3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MON	H DAY YEAR 24 HOUR
Female White Feb. 19,1925 59 78S. Hours MIN PRONOUNCED DEAD 16	1 1.841705
76. BIRTHPLACE (STATEOR 76. CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR CO	- 11
North Carolina U.S.A. WIDOWED DIVORCED Anne Arunde	
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO	RK 126 KIND OF BUSINESS
Glen Burnie North Arundel Hospital Formostof working life;	OWN HOME
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEYORE ADMISSION)	
136 STATE 136 COUNTY 136 STREET ADDRESS 137 STREET ADDRESS 137 STREET ADDRESS 138 STREET ADDRESS 137 STREET ADDRESS 137 STREET ADDRESS 138	21061
14 FATHER'S NAME 13. MOTHER'S MAIDEN NAME	C Datie
FIRST MIDDLE LAST FIRST MIDDLE	all LAST
Statey D. Dilikitel	
	04 Tiny Ct.
	rke, Va.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	
Canditions, if any, which	
gave rise to immediate (b) CANCINOMA COPPLAGUES.	
cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	4-1-1
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART I C	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	YES NO
	R PART 2)
ONDERLYING ON OR	
216 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
S WHILE WOI WHILE	31416
AT WORK AT WORK	
	CONTRACT
220. Lectify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in m	y apınıan

William P. Jones, M.D.

695 America Crt. Davidsonville, Md.

November 736 BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation Security Process 24. FUNERAL DIRECTOR 250. DATE REC'D.

23d LOCATION CITY OR TOWN Catonsville Balto. Md.

Singleton Funeral Home, Glen Burnie, Md.

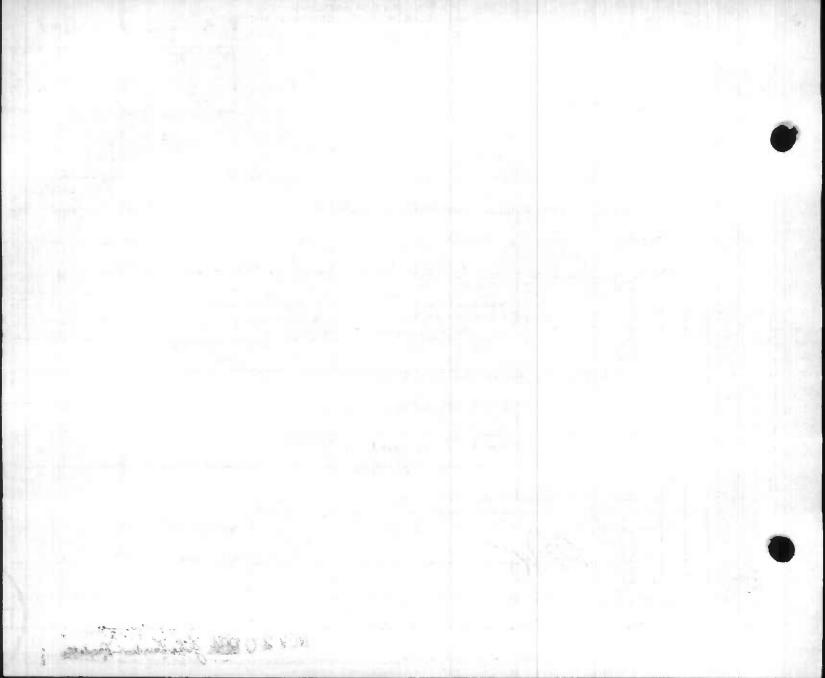
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BP. DHMH - 17 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	FOR STATE		D	EPARTMENT OF	HEALTH	AND MENTAL H	HYGIEN	E a o	Q	1 0	7
-		REGISTRAR					ERTIFICATE C		ATH REG. NO	5.	1 0	1
		CEASED NA	AE FIRST		MIDDLE		LAST		20 DATE KNOWN	MONTH	DAY YEAR	26 HOUR
а	(179)	E OR PRINT)	Thom	as	Fleming	Т	ruitt		OF ESTI-		/8410	AA
	3 SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN Y		DER 1 YR. IF UNDER		2c DATE	MONIH	DAY YEAR	24 HOUR
1	Mo	ale	White.	May 29,19	CAST DIKTI	PAY) MONT	HS DAYS HOURS	MIN	PRONOUNCED DEAD	11/8	18:419	PM
A	lo BII	RTHPLACE REIGN COUNTRY		76 CITIZEN OF WH	AT COUNTRY?	8 MAPP	ED NEVER MARR	NED V	9 BALTIMORE CITY C			
1		arylan		USA		WIDOW		-	Anne Arund	lel Co	antv	AAD
7		TY OR TOWN		11. NAME OF HOSE	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a. US	UAL OCCUPATION (TYPE			USINESS
/		Jes	ssup	2911 Je	ssup Road				endant		hilling	
	USUA		E (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV		SION)	tina mene erry inverse		REET ADDRESS		0 -	ition
7		arylan		Arundel	Jessup		13d. INSIDE CITY LIMITS? YES NO		1 Jessup Rd	2070		mon
Z		THER'S NAM					15. MOTHER'S MAID			2017		
1	Ho	oward	Τ.	Trui	##		Dorothy		MIDDLE	lemino	LAST	
	160. W		ED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECURI	TY NO.	17 INFORMANT		ADDRESS	COINCIL	1	
1		28	(IF YES, GIVE	E WAR OR DATES)	217 50 9	786	Howard T	Thu	itt same as	ahou)	
			OF DEATH (Enter a	nly ane cause per line l		700	110000000	7.500	coc sume us	0.000	APPROXIMA	
4		PART I DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Spontaneous Subarachnoid Hemorrhage								BETWEEN ONS	ET AND DEATH	
		(DUE TO, OR AS A CONSEQUENCE OF										
			ans, if any, which		upture of	berry	ancurvsm					
			rise to immediate a) stating the <u>under</u>	()	AS A CONSEQUENCE		0.000					
П	А	lying cause last.										
		PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)										
	NO											
7	CERTIFICATION	190 DATE C	F OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?		-		20 AUTOPSY	(?
	IFIC	10									YES X	№ П
7	ER		IAL CAUSE WAS	21b. TIME OF		21c H	OW INJURY OCCURRE	D LENTER	NATURE OF INJURY IN ITEM 18 I	PART 1 OR PART		
51	ALC	UNDERLYIN	G OR	DEATH P.M.	MONTH DAY YEA	AR .						
	MEDICAL	71d INTURY	OCCURRED	21e PLACE O	FINJURY (ATHOME,		CATION					
	X	WHILE AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, ETC.)	3	TREET		CITY OR TOWN	COUN	ŧΑ	STATE
		20. 1		1.0	9 - 1 - 1 - 1 - 1		sy X Inspection					
1			,	ge al the remains desc		Autop	- Inspection			d in my apin	ian	
		death resu	Ited fram: Natu	raycauses X	Accident, S	vicide	, Hamicide	Undet	termined manner,			
		ACTUAL	DA	1/			TITLE (SPECIFY)	nt	DICAL EXAMINER	DATE	11/9	/84
J		SIGNATURE	-1-10	10		M	.D	MED	DICAL EXAMINER	SIGNED	14/0/	01
		EXAMINER'	NAME Gr	egory R. K	auffman, M	.D.	ADDRESS	111	Penn St.			
1	23a.Bl	URIAL, CREM	ATION, REMOVAL		23c. NAME OF CE		ADDRESS		CATION			
	(5	rial.						CITY	CETOWN	COUNTY		STATE
		JNERAL DIRE	CTOR	•	7 84 Meadow	riage	Memorial By BATE	RECOR	DOMACY THOISTRAN IN REGI	Marylo STRARS SIG	NATURE	
	120	NAME INAP da	IN FUNDER	l Home. La	unol Nd		MOA ?	401	Julie Ver	المساوة	2	
	20	runcus	in i will la	L'ITOME LU	willer Mu					A District of	Marketon .	. 1



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. P

retained by the haspital or attending physicia

BP

STATE OF MARYLAND

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		FOR STATE REGISTRAR Zy21	401		EALTH AND MENTAL HYG	IENE 8 64 REG. N	291	08
1		EASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEAR	7b. HOUR
		EUNI	CE LE	uise T	URNER		11-12-84	2 PM
	3 SEX		4 RACE	5 DATE C		6. AGE SIN YEARS LAST BIR	THOAT] / IF UNDER 1 YEAR	IF UNDER 24 HRS
		1	NEGRO	9	- 7 - 86	9	8 YRS	
1		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	OUNTRY?	D . NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
4		MAINE	UIS-H	WIDOWE	V _	ALF	} -	MD.
7	10 CIT	YOR TOWN OF DEATH		AL, NURSING HOME O	or other institution Home	TYPE OF WORK FOR MOST C		OF BUSINESS OR
10	USUA 13a. S1	L RESIDENCE (IF NURSING HOME OF TATE 13b. COU	ROTHER INSTITUTION GIVE RESINTY 13c CIT	DENCE BEFORE ADMISSION) IY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP GODE O14	WYT -
7	14. FA1	THER'S NAME	WIDDIE	1467	15. MOTHER'S MAIDEN NA	ME MIDDLE	- 14	
		lohk	N _I	choLS	MArgh	ret	Bri	ork
		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	ADDRI		ا د مدا
	111	No	VE WAR OR DATES)		FLIZAbelh	Aullon 1	0271740	11500 (7
Ì		18. CAUSE OF DEATH (Enter o			1 1 -		APPRO) BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (a)	Ni (estivi	e Heart to	ulue	2	105
			DUE TO, OR AS A	SEQUENCE OF				J
		Conditions, if any, which gave rise to immediate	(b) A	mer 0300	210 515			
		cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF			10 10	
		PART 2 OTHER SIGNIFICANT	(c)	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN IN PART I	0
		Demonit	ia -SeNI		NOT KEENTED TO THE TERM	MAR DISEASE ON COIL	DITION ON EN IN TAKE II	
7	Ā	19a DATE OF OPERATION		OR WHICH OPERATIO	N WAS PERFORMED	70a AUTOPSY?	706. IF YES, WERE FIND!	NGS USED
1	Ĕ					YES T NOT	IN CERTIFYING CAUSES	NO [
1	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUI		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART TOR PART 2)	
1	A!	OR CONTRIBUTING CAUSE OF DE	AIR	ONTH DAY YEAR				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU		211 LOCATION	CITY OF TO	OWN COUNTY	STATE
		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	ORY, OFFICE FARM ETC.)	311121			
		220.1 certify that (1) (this hasp			19.8/	to	2 19 84	tha (II) (we) last
		saw the deceased alive at above, (1) (we) (did) (did no	ot) view the body after de	19 87 . o	nd that in ((our) opinion	death occurred on the d	ate and hour and from the	couses stated
		276 SIGNATURE	11	1	DEGREE	MEDICAL STA		SIGNED
1		1/1/01	und	In W		DIRECTOR PHYSIC		100 84
	4							
		274 PHYSICIAN'S NAME (TYPE			77e ADDRESS	would be	Couper Par	11 M1-
		1 1	vere Th	0	326 Lyw	WELD Dr. S	SEVELING Par	K, Mbz1140

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of the with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

medica

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

(VRA 15, 4)

22

250. DATE REC'D. BY REGISTRANIZSON REGISTRANI'S SIGNATURE

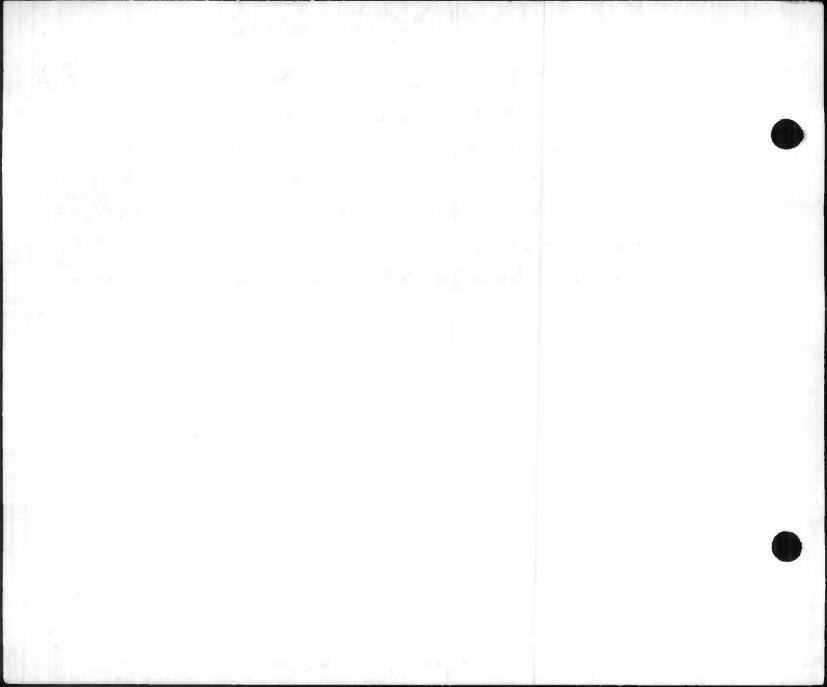
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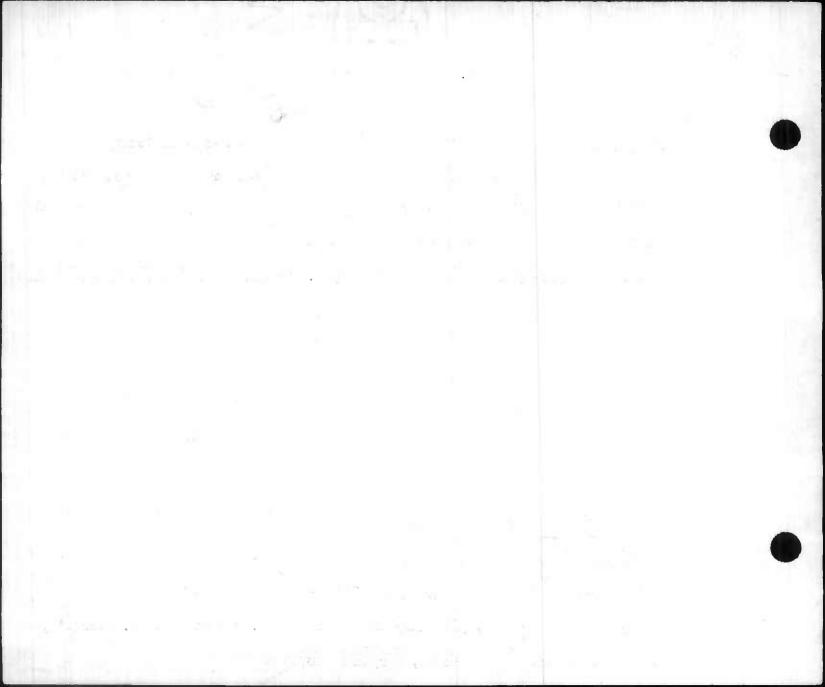
	the	1-	FOR STATE REGISTRAR	Di	EPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGIE CATE OF DEATH	REG. I	2	9	100	Û	9
21 10	Poge 3		EASED NAME OR PRINT)	ALCE MIDDLE	Uebe	RROTK -YE.	d. DATE OF DEATH	18	IF UNDER	YEAR .	HOU B IF UNDER	D6 AM
>-			m 1	White	Sen	r. 20 1916	68		MONTHS	DAYS	HOURS	MIN.
Seoth, Po	the state of the s	Pe	ODSVIVANIA	CITIZEN OF WHAT COL	WIDOWE	NEVER MARRIED	Anne f	OR COUNTY	1	ATH C	0-1	MD.
auto r	11/00	A	nnapoli's A	NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GI	nde Gev	rother institution	USUAL OCCUPA	DE MERKING TIL	15 IND	KIND OF USTRY	BUSINE	SSOR
o 24 hou	hould be	130,5	UD HE		DRTOWN	YES X NO 1	10 - 00	ZIP GODE	Wh	RZ!	403	3
ad with	and 2 c	B	rther's NAME	Ueberr	oth Sr.	15 MOTHER'S MAIDEN NAME	MIDDLE	0 5	Scl	Ton	1	
De execu	Poges Peges	16a V	AS DECEASED EVER IN U.S. ARME	PHD 159-	AL SECURITY NO.	Frances J.	Ueberr	oth-	S	the	3	
milicole i	physicia anapaem amoval. event, th		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y: M	(b), and (c).)	d mate			В	APPROXIM ETWEEN OF	ATE INTER	DEATH
the ce	rending e corbi mortic		Conditions if you high	DUE TO, OR AS A CO	NSEQUENCE OF	0						
hat the de	by the oft ose remov il, cremate other trou		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF							
quires	signed hen plee to burio ijury, ar	N N	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTE	NG TO DEATH BUT I	NOT RELATED TO THE TERMIN	AL DISEASE OR CO	NDITION GIV	EN IN P	ART Ita		
he law rec	permit. T ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF	S, WERE	FINDING AUSES C	GS USE	TH?
ICIAN: T	s certificate h bourial-transit Mental Hygie or Hem-18 sho		? I g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MON P.M.	ITH DAY YEAR	21¢ HOW INJURY OCCURRED	D (ENTER NATURE OF IN	URY IN ITEM 18 F	ART I OR	PART 2)		
NG PHYS	After this is a set of the but of	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	?1e. PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE FARM, ETC.)	ZII LOCATION STREET	CITY OR	OWN	COL	YIMI	5	STATE
ATTENDI	for us		abave, (I) (did (did nat) v	11/6/84	19, an	d that in (my) (aur) apınıan de	ath accurred on the	date and hou		am the co	ouses sto	
TAL OR	RAL DIREC detached tate Dept. NT: If Item		276. SIGNATURE NUC	Ohum fo	a Enser	COU YPHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	17	DATES	8/>	4
O HOSPI	should be det with the State		ENSER COLE	MD	SA WATIC	ins SIFra	nKlin 5	1, Ann	apo	115	ND	
BP.	- 0 > 2	23a E	URIAL, CREMATION, REMOVAL SPECIFY)	11/9/84	230 NAME OF CE	METERY OR CREMATORY	S CHYONIGHN	nid	PC	٧.	W7	STATE
	16 50M 4/83 A 15, 4)	10	ineral director Lytor Funeral	Chapel-	Annapo		2 1 1984	R 25h REGIS	BAR'S S	IGNATA	REMODE	R
요 BP.	16 50M 4/83	C	URIAL CREMATION, REMOVAL SPECIFY CEMOCHICA INERAL DIRECTOR		Ceda	7 H 1 1 250 DATE	Suita	nd Rizsh REGIST	PAR'S S	SIGNAS	W/	

DHMH - 16 50M 4/83

(VRA 15, 4)



1. DECEASED NAME FIRST MIDDLE LAST VEA (1996 OR PRINT) OHN G. UNAWGST 20. DATE OF DEATH MONTH DAY YEAR (1996 OR PRINT)	26 HOUR 124 (P
	, W
3. SEX MAGE CAUCAS (AU. S. DATE OF BIRTH 1913 (A 6 AGE (IN YEARS LAST WITHDAY) FUNDER TY MONTHS D. O.	EAR IF UNDER 24 HRS AYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED Anne Arundel Country Widowed Divorced Anne Arundel Country	MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIN (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUS	id of BUSINESS OR IRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATIM 131. COUNTY A 131. COUNTY A 132. STREET ADDRESS / ZIP CODE 134. STREET ADDRESS / ZIP CODE 135. STREET ADDRESS / ZIP CODE 136. STATIM 137. STREET ADDRESS / ZIP CODE 137. STREET ADDRESS / ZIP CODE 137. STREET ADDRESS / ZIP CODE 138. STREET ADDRESS / ZIP CODE 139. STREET ADDRESS / ZIP CODE 140. STREET ADDRESS / ZIP CODE 150. STREET ADDRESS / ZIP CODE	SG Home
It father's NAME IS MOTHER'S MAIDEN NAME INSTITUTION Unangst Ellen William	ams
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 1703 Aberdeen 1938-1941 578-18-716 Mary L. Unangst Crofton, Mary	Court and 2111
18 CAUSE OF DEATH (Enter only one couse per line to 10). (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c).	PROXIMATE INTERVAL EEN ONSET AND DE ATH
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART OF THE PART OF	Tho
190 DATE OF OPERATION 190 CONDITION/FOR WHICH OPERATION WAS PERFORMED 190 AUTOPSY? 100 IF YES, WERE FIN CERTIFYING CALL YES NOWN YES 100 AUTOPSY? 100 IF YES, WERE FIN CERTIFYING CALL YES 100 AUTOPSY?	NDINGS USED ISES OF DEATH? NO []
S.E. E.E. T.	1 2)
OKCOMINIBULING CAUSE OF DEATH Comparison of the property of	STATE
22a. I certify that(1) (this hospital) attended the deceased from sow the deceased alive an obove, (1) (and (1) (and ob) view the body attended the deceased from obove, (1) (and (1) (and ob) view the body attended the deceased from obove, (1) (and (1) (and ob) view the body attended the deceased from obove, (1) (and (1) (and ob) view the body attended the deceased from obove, (1) (and (1	
O L O STAFF	11/17/84_
PHYSICIAN DIRECTOR PHYSICIAN DIR	ous Mu
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CHIV OR DAWN Provided the County of County Chiv or	eorge statt MI
DHMH 16 50M 4/83 (VRA 15, 4) Beall Funeral Home Buriat 16000 Annapolis Road 20715 NOV 2 0 1984 Beall Funeral Home Rowie, Maryland 20715 NOV 2 0 1984	HATTINE

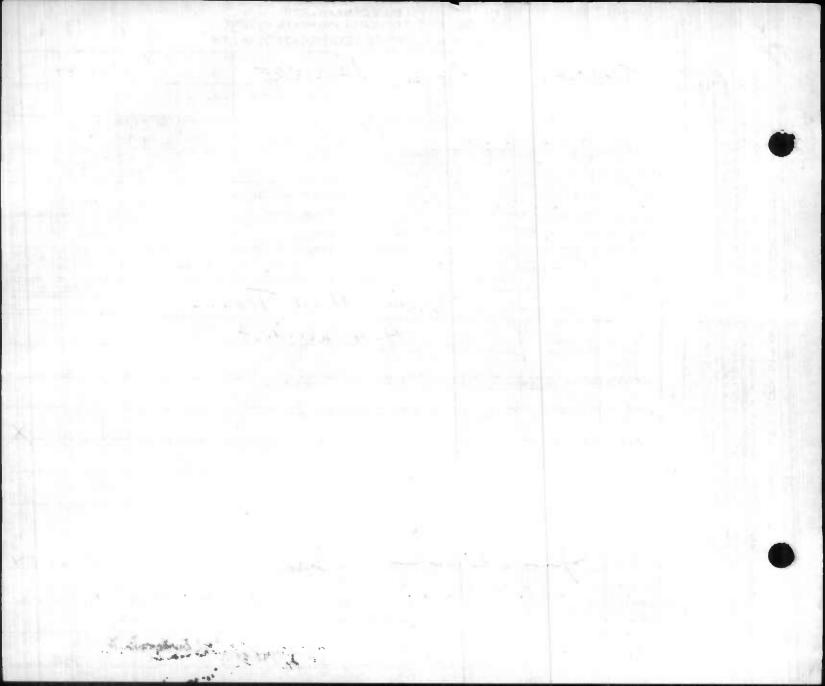


20M 4/82

	STATE	OF MARYL	AND	
DEPART	MENT OF HE	ALTH AND	MENTAL HYGIE	NE 64
MEDICAL	EXAMINER	'S CERTII	FICATE OF DE	ATH
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	CEASED NAM	H) MAS		PAUL	VALL	IERE	_	ATE KNOW! OF ESTI- EATH MATED	17	H OAY	YEA 19
3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UNDER 1 Y		MIN PROI	DATE	MONTH	DAY	AE
2	ale	white	April 1		YRS.			DEAD ALTIMORE CI	IV OR COLL	NITY OF I	19
E	awrence awrence		U.S.A.		MARRIED WIDOWED	NEVER MARRI	ED U	nne A			
19 C	ity or town len Bu	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOL CILITY, GIVE STREET ADDRESS Arundel	ME. OR OTHER INST	ITUTION	12a. USUAL C	CCUPATION DE WORKING LIFE) CE En	(TYPE OF WOR	K 12b KI	
	AL RESIDENCE TATE Md.	(IF IN NURSING HOME O	TY	Crownsv	Llle 13d. INSI	DE CITY LIMITS?					108
	ather's NAM laffenc		MIDDLE	Valliere		THER'S MAIDE Muriel		MIDDLE		Су	r
16a \	WAS DECEASE VES NO, OR UNKNE NO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES]	014-44-		ormant ynn B.	Vall	iere		3 e	
1	Conditio	ns if any which) / .		-				
N	gove r couse (o lying co		(c)	AS A CONSEQUENC		CE OL	RT I a				
IFICATION	gove r couse (o lying co	ise to immediate) stating the <u>under-</u> use last.	(c)CONTRIBUTING TO DEATH I		RMINAL DISEASE DR (DND		er I iai				
CAL CERTIFICATION	gove r cause (a lying co	ise to immediate) stating the under- use last. IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TE	RMINAL DISEASE DR (DND ERATION WAS PERI			E OF INJURY IN ITE	M 16 PART 1 OR		
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MEDICAL CERTIFICATION	gove or couse (or lying co	SE TO immediate) stating the under- use last. IGNIFICANT CONDITIONS FOPERATION AL CAUSE WAS GOR OCCURRED NOT WHILE AT WORK Ify that I took charge the from: Notur	(c)	INJURY MONTH DAY YE DEFINJURY (ATHOME. ORY, FARM, ETC.)	RMINAL DISEASE DR (DND ERATION WAS PERF 216. HOW INJI AR 216. LOCATION STREET Autopsy Suicide	FORMED? URY OCCURREI	CITY CITY Undetermin MEDICAL	quiry	ond in my , DAT	COUNTY Opinion E NED	YES [



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(B	X
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_	quires that the death certificate be executed within 24 hours after death. Page 6 may	signed by the otherwing physican and completely filled in by the funeral director, page 3 then please remove corban appears. Pages 1 and 2 thought be filed within 72 hours after death
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

	1 "	REGISTRAR				CERTIF	ICATE OF E	PEATH		REG. NO				E	ST
		CEASED NAME OR PRINT)	FIRST PETER	1	MIDDLE	VINCI	AST				14	, 198		055	
	3 SEX	MALE		4. RACE WHI	TE	5 DATE O		14		70	YRS.	MONTHS D	YE AR	IF UNDER	R 74 HRS
	C	RTHPLACE ISTALE OR OF THE PROPERTY I AND INC.	FOREIGN	76 CITIZEN OF	A.	8. MARRIE WIDOWE	D NEVER /	MARRIED		ANNE AR				,	MD.
1		GLEN BURN			HOSPITAL, NURSII			TITUTION	(TYPE OF W	COCCUPATION OF THE PROPERTY OF	WORKING L	IFE) INDUS	TRY	nd (cab
j	13n S	TATE Tyland	13b COUN A.A.		Pasaden	re admission) VN a	13d INSIDE C	ITY LIMITS?		T ADDRESS /			21	122	
U	14 FA	THER'S NAME Pietr	0	WIDDLE	Vin	ci		s maiden na first Anna	AME	MIDDLE		G1	lor	ios	0
ï			S DECEASED EVER IN U.S. ARMED FORCES?			URITY NO.	17 INFORMA			ADDRES			T.		
		tyes, no or unknown) (IF yes, give war or dates)			220-07	-0119	Patri	cia Hof	ffman	1202 H	i11c1	1creed Rd. 21122 APPROXIMATE INTERVAL BELIWEEN ONSET AND DEATH			
		18 CAUSE OF DEAT PART I. DEATH V	TH (Enter or	ly ane cause per D BY	line for (a), (b), a	nd ici.i	- 6	10-				BETV	PROXIM	NSET AN	ERVAI ID DEATH
				E CAUSE (0)	Kespis	all 6	uy!	Mes				- 2	al	any	10
J				DUE TO, O	R AS A CONSEQU	IENCE OF	5	mi				110		0	
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF													
	N.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									14				
7	CERTIFICATION	196 DATE OF OPERATION JI96 CONDITION FOR WHICH OPERATION						DRMED		NO	IN CERT	ES, WERE FI IFYING CAU			ATH?
7		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE	CIH .	M. MONTH D	AY YEAR	21c. HOW IN	IJURY OCCUR	RED (ENTER	NATURE OF INJUR	IN ITEM 18	PART 1 OR PAR	1 2)	1	
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			21f LOCATH			CITY OR TOW	N	COUNT	٧	63	STATE
		27a. I certify that (I) (this hospital) attended the deceased fram 4 3 4 19 5 4 10 11 14 19 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5									, 19 8 9			(we) last	
		22b. SIGNATURE	Rai	ú C	Karb	tien	DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STAF	AN 🗌	22 c. C	ATES	IGNED)
1		22d PHYSICIAN'S N	AME (TYPE C	PRINT)			22e ADDRES	s 20	0 HOS	PITAL I	RIVE	3			
1		RANI S	. KAR	IPINENI.	M. D.		I GI	LEN BUR	NIE,	MARYLAN	D 21	1061			
		URIAL, CREMATION					EMETERY OR			CATION HY OR LOWN	1	COUNTY			Md.
		Buria	L	11/17	/84 Ga	ardens	of Fa	ith	Pa	rkvill	2 1	Baltin	or	e r	. DI

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

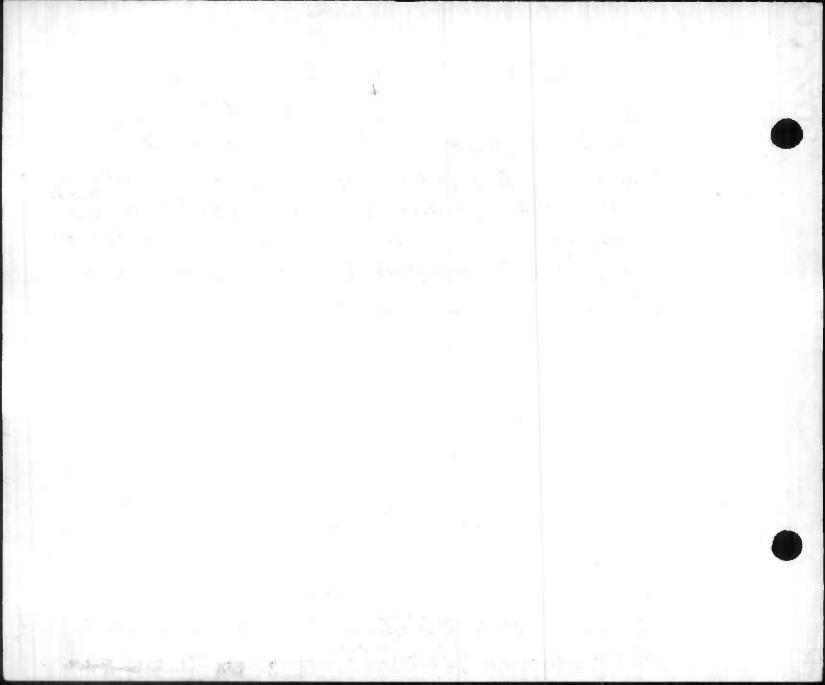
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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

ACATE AN AREA TO SOLE IN THE RESERVE OF THE RESERVE

	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 4 2	9 1 1 3
			P A. RACE	S. DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHDAY)	OAY YEAR 20. HOUR 29 - 8 Y J P M IF UNDER 1 YEAR # UNDER 24 HRS. MONTHS DAYS HOURS MIN.
in 72 hours a		RTHPLACE (STATE OR FOREIGN COUNTRY)	WHITE 76. CITIZEN OF WHAT COUNTRY VSA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	
in thy the trop of filed with	A	NNAPOLIS AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	EN. HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	HEROSPACE
d 2 should be f		THER'S N. H.		NA 183. INSIDE CITY LIMITS? VES NO DO 15. MOTHER'S MAIDEN NA	I3e.STREET ADDRESS 7 ZV COL	TH RD
Poges ond comple		HIS HIS DRUNKHOWN) I IN YES, GIVE	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS D VOLZ -	ABOUE
nding physician carbonpopers. P , ar remavol natic event, the m	and the same	PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), a BY: E CAUSE (a)	& path		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attease remove , crematian ather trour	-	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)			
Then p to built	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF Y	IVEN IN PART 110: ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
is certificate has been buriol-transit permit. Mental Hygiene perior or Item 18 shows any is		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR		YES NO
the the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
P P P P P P P P P P P P P P P P P P P	~	22a.1 certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did to) 22b. SIGNATURE	ol) ottended the deceased from 11 129 18 19	, and that in (my) (corr) opinion DEGREE	death occurred on the date and ho	pur and from the couses stated 22c. DATE SIGNED
FUNERAL IN State State		220. PHYSICIAN'S NAME (TYPE OF	RPRINTI	ATTENDING PHYSICIAN [22e ADDRESS ANNOTADO	MEDICAL STAFF DIRECTOR PHYSICIAN	11/25/8]
BP. Should		SURIAL, CREMATION, BEMOVAL	236. DATE 236 11-30-84 U	NAME OF CEMETERY OR CREMATORY	1 23d LOCATION GITYOR JOHN LULSLIVIEW	Back my
AH - 16 50M 4/83 (VRA 15, 4)	24 F	The San Dan	AURRESS AURRESS	erre Ph 1250. DA	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE



	DEC	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTI	FICATE OF DEATH	REG. NO.	DAY YEAR 2b
		OR PRINT)	. 1	1.1.	16-	11	7 84
3	3. SEX	Em.	I RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER INVEAR IF U
		M	W	MON	0 16 96		MONTHS DAYS HO
1/		SACE-LORRAINE	76. CITIZEN OF WHAT COUNTS USA	MARRII WIDOW	Y _	9 BALTIMORE CITY OR COU ANNE ARUNI	
20		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 192 S. South	REET ADDRESS)	OR OTHER INSTITUTION	176. USUAL OCCUPATION	NG LIFE) 12b. KIND OF BU
3	USU / 136. S	AL RESIDENCE (IF NURSING HOME MARYLAND 13AM)	OR OTHER INSTITUTION GIVE RESIDENCE BE ETYARUNDEL ^{3C} FRIEN	DSHIP	13d INSIDE CITY LIMITS?	1311RWESTRESRIEN	DSHIP ROAD
20	14. FA	THER'S NAME EDWARD	MALKE		15. MOTHER'S MAIDEN NAME CATHERINE	WE	LOEFTEF
/		VAS DECEASED EVER IN U.S. / (ES NO OR UNKNOWN) (IF YES.		ECURITY NO. 2-6054A	Informant Lorraine Ta	vlor s	ame as # 13
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO				
9	A CERTIFICATION	PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CONTRIBUTING TO THE CONDITION FOR WH	Ma(y	OCILA DULINENTON VAS PERFORMED	20a AUTOPSY? 20b.	FYES, WERE FINDINGS ERTIFYING CAUSES OF I YES \(\) N
	MEDICAL	saw the deceased alive	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFI	m Se	711. LOCATION STREET 19 83 and that in (my) (our) apinion	to CITY OR TOWN	that
		226. SIGNATURE /	onal!		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	21s. DAJE 510)

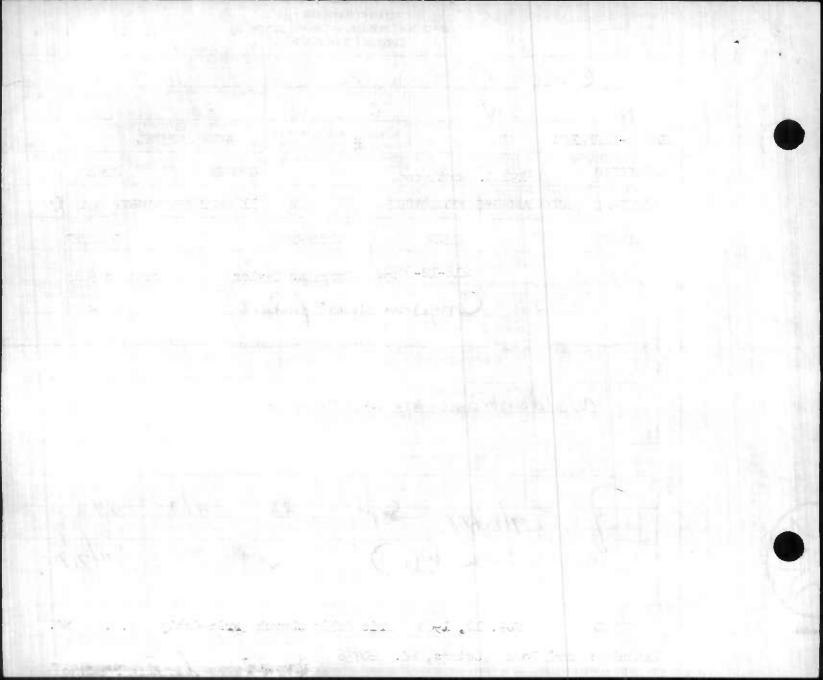
DHMH - 16 50M 4/82 (VRA 15, 4)

Raussch Funeral Home Owings, Md.

24. FUNERAL DIRECTOR

S, Md. 20736

V 1 3 1000 Sulie Verjeen Rondelle



executed within 24 hours ofter death. P

death certificate be

OR ATTENDING PHYSICIAN: The low requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

1-	FOR STATE REGISTE
{TYPE	EASED N
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

W.B	2	0	1	- 1	74
7	Gum	1	1		137
REG. NO.			2714		

4	REGISTRAR					REG. NO.			
	DECEASED NAME	MARGARET	M	WALLS	S	NOVEMBER	12,	1984	26 HOUR 1015
3	SEX	4 RACE		5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UN	HS DAYS	IF UNDER 24 HRS
1	Female	Whi	te	Feb		67 Y	RS.	HS DATS	NOURS MIN.
70	BIRTHPLACE (STATE OR FO	DREIGN 76 CITIZEN C	F WHAT COUNTRY?	8 MADDIET	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF		mv
IV	lichigan	U.	S.A.	WIDOWE		ANNE ARU	ADEL	COUN'	, MI
10	GLEN BURN	/15 x 100 0 mag	HOSPITAL, NURSIN		ROTHER INSTITUTION PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Secretary	NG LIFE) II	26. KIND OF NDUSTRY	BUSINESS OR
	SUAL RESIDENCE (IF NURSI STATE Md.	NG HOME OR OTHER INSTITUTE 136 COUNTY A.A. CO.	Is city or tow Linthic	N 1	13d. INSIDE CITY LIMITS? YES NO XX	130 STREET ADDRESS / ZIP C 505 Cheddin		n Rd	210
14.	FATHER'S NAME FIRST Edwar	MIDDLE	Mills		15. MOTHER'S MAIDEN NA FIRST M inni	e Middle]	reas	
16	WAS DECEASED EVER	N U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	387-/0-		James A.	Walls same a	s 1		MATE INTERVAL DNSET AND DEATH
NO		ediote DUE TO, lost. (c)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVENI	N PART 1:o	
MOLTADISTA	19a DATE OF OPERAT	19b. CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO NO	RTIFYING YES	ERE FINDING CAUSES	GS USED OF DEATH?
	OR CONTRIBUTING C	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR		RED (ENTER NATURE OF INJURY IN ITEA	18 PART 1	OR PART 2)	
ME	AT WORK AT WOR	LE [(AT HOME.	E OF INJURY STREET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	:61	COUNTY	STATE
1	saw the decease above, (I) (we) (d	(this hospital) attended d alive an id) (did not) view the bo	19 8	¥ . on		death occurred on the date and	hour on	d from the	
	22b. SIGNATURE	my.	3n	_ /		MEDICAL STAFF D DIRECTOR D PHYSICIAN D) (AT)	STI THE	12/84
	224 PHYSICIAN'S NA	S. HSU, M.D			GLEN BU	URNIE, MARYLANI		.061	
23	G. BURIAL, CREMATION, I Cremation	REMOVAL 23b. DATE 11/			ew Mem Pk.	Baltimore	, Ma	aryla	and

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral directional direction of the following should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, th

IMPORTANT: If them 21 is marked or Item 18 sm

DHMH - 16 50M 4/83 (VRA 15, 4)

11/13/84 Balto. Md. 24 FUNERAL DIRECTOR Gonce 4001 Ritchie J. George

Westview Mem Pk.

Pk. Baltimore, Maryland

15. DATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGNATURE

NOV 1 4 1984

Line Shirt Standard

And Standard

The Shirt Standard 21225

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rof, page 3 after death

STATE OF MARYLAND FOR STATE REGIS DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	REGISTRAR				REG. NO.		
	CEASED NAME FIRST RAYMO	MD T	WATTS	AST	NOVEMBER 12	2, 1984	1120 PM
3. SE	Male	4 RACE White	S DATE O		6. AGE (INYEARS LAST BIRTHDAY) 42 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
M	aryland	76, CITIZEN OF WHAT COU USA	WIDOWE		ANNE ARUND		Y MD.
	GLEN BURNIE	.1011111 14100	TELOTOSP		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING L Mechanic-Auto	(FE) INDUSTRY	mployed
13a S	al residence (if nursing home or state 13b. Coun AA	ITY 13c CITY O	ersville	13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP COD Route 3	2110	8
	Milton	Woodrow Wa	itts	15. MOTHER'S MAIDEN NA FIRST Marie	WIDDIE	Shen	
	WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES!	18-5010	Kenneth G. V	ADDRE Pasa Natts, 227 Old Ma	agothy B	ridge
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE! IMMEDIAT	ly one couse per line for (o) D BY E CAUSE (o)		spratory ar	rest	BETWEENO	MATE INTERVAL NSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CON	static la	injuged C	Paneer		
CERTIFICATION	PART 2 OTHER SIGNIFICANT OF	Colcemia		NOT RELATED TO THE TERM	HN CERT	S, WERE FINDING CAUSES (
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hospit sow the deceosed alive an	1/ -/ >	_19_ 54 _, or		deoth occurred on the date and ho	ur and Irom the c	
	174 PHYSICIAN'S NAME (THE O	ntt	3_	MD ATTENDING PHYSICIAN	DIRECTOR TO PHYSICIAN TO ROAD	11/12	154
	LONG S. HS	J, M.D.	1	GLEN BU	RNIE, MARYLAND 2		
	BURIAL, CREMATION, REMOVAL	Nov. 15,84		emetery or trematory ven Mem. Park	Glen Burnie	AANTY	MD ^{STATE}
24 F	James S. Kirkle	ey, Glen Burn	iie, MD	25a. DA1		STBAR'S SIGNATU	

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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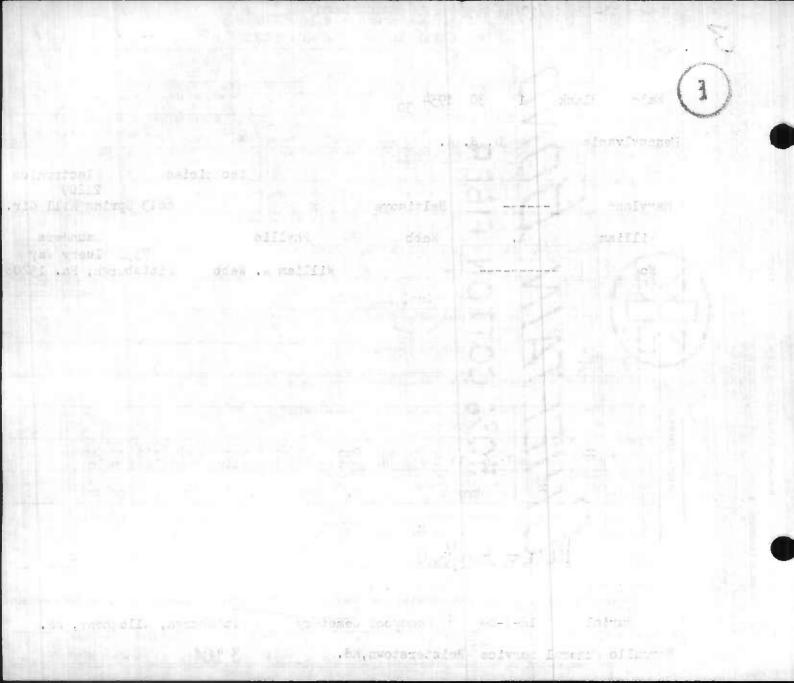
retained by the hospital or

BP.

injury, or other troumotic event, the medico

IMPORTANT: If them 21 is morked or them 18 shows ony

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,	0	I, DEC	REGISTRAR			MIDDLE MIDDLE	LAST	ICATE OF		REG. NO.	MONTH DAY YEA	R 25 HOUR	
	Best L	-	2410000		IAMES		WEBB		DEATH	MATED [11-26-84	٨	
	2000 A		Male	Black	5 DATE OF BIRTH	1954 LAST BIRTHDA	Y) MONTHS DAYS		MIN PRONOU DE A	NCED	11-26-84	AR SPINIA	
	NA SERVICES	40	nsylve		76 CITIZEN OF WE	Α.	WIDOWED -	NEVER MARRIE	DI		del County		
	PAGE 3	M.CI	NAOLIOAN	urnie /	North SUAM	PITAL, NURSING HOME Unde TreHop's 1	OR OTHER INSTI	NOITUT	FOR MOST OF WO	ORKING LIFE)	OR INDU	RK 176 KIND OF BUSINESS OR INDUSTRY Electronics	
21201	ANY DE MENANN DE MENAND DE	136.5		TUE COUR		re residence before admission is a community or town Baltimore	13d. INSID		13e STREET ADDR	ESS	21209 Spring Mi		
RE, MD.	SET		Willia		меня	LAST Webb		HER'S MAIDEN FIRST Phyllis		MIDDLE	Saund		
ALTIMO	AFTER D NE PAG H ROBA NGES D ISION D			DEVER IN U.S. AR	I WAR OR DATES	166. SOCIAL SECURITY		DRMANT			351 Fluery sburgh, Pa	Way	
TON ST., BA	24 HOURS ITEM 18 G LONG WIT PERMIT, P. GIENE, DLY VVAL.		18 CAUSE C PARTIDE	EATH WAS CAUSE	TE CAUSE (u)	for (o), (b), and (c).) chanical as	phyxia				APPROXIM	AATE INTERVAL NSET AND DEATH	
W. PREST	TED WITHIN 2 N FENCE IN II XAMINER AL AL-TRANSIT MENTAL HYG N, OF REMOV		gove ri	ns, if any, which is in the line) stating the <u>under</u> use lost.	(h)	AS A CONSEQUENCE (-/-					
CORDS, 20	EXECUING" III	NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	(c)	BUT NOT RELATED TO THE FERM	NAL OISEASE OR CONOI	TION GIVEN IN PART	I (a).				
ITAL RE	OD= 4 K 2 /	CERTIFICATION	19a DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPER	ATION WAS PERF	ORMED?			20 AUTOP		
ON OF VIT	THE WATER		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF	17 0/	MONTH DAY YEAR	Occupa	nt of a	car whi	ich left	t roadway		
DIVISIO	THIS CERTIFIC WARDED TO PAGE 3 SHOUSTANE DEPART 21201 PRIOR	MEDICAL	WHILE AT WORK		21e PLACE C STREET, FACT Dtr	OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOCATION STREET W. Nur	sery Rd	. Linth	cum , N	Maryland	STATE	
	MINER: DE FOR BE FOR ECTOR: TH THE S YLAND,			fy that I took char	ge of the remains descural causes,	cribed obove, held on	Autopsy X,	Inspection	Undetermined n		in my opinion		
	CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MAR		ACTUAL SIGNATURE	Ile	y to Bre	Yhell		(SPECIFY)	MEDICAL EXA	MINER	DATE 11-27	-84	
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALLIMORE, M	/	EXAMINER'S (TYPE OR PRI	[4])		. Korell,M.	ADDRES:	S	n Stree	t			
07/84 25M	Bb 4 80	{5	PECIFY)	tion, REMOVAL	12-1-84	23c. NAME OF CEA	d Cemete		Pittsb		COUNTY llegheny, I	Pa.	
	DHMH - 17 (VR A15 ME (5))		NAME		Service ADDRESS	Reisterston	m,Md.	UEC	3 1984		aurason-Manda	بالال	



Po

file f <u>c</u> ould be completely filled in

attending physicior love carbonpopers.

be a stocked for use as the burial-transit permit. Then please remove carbonoope — in the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MEDRIAMI: If Hem 21 is morked

TO FUNERAL DIRECTOR: After this certificate has

PHYSICIAN.

ATTENDING

TO HOSPITAL

within 24

executed Pe

12	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARY	MENTAL HYG	IENE 8	REG. NO	2	9 1	1 8
		CEASED NAME OR PRINT)	JUNIO	ws	P. WF	HTAKE	R		20. DATE OF	DEATH MO	I - S	3-84	347 A
	3 SEX	Х	1	RACE		5. DATE O			6 AGE (INY	EARS LAST BIRTHDA		F UNDER I YEAR	# UNDER 24 HRS
	M	ALE		BLACK		5 MONTH	6 DAY	30 YEAR	54		YRS.	ONTHS DAYS	HOURS MIN.
10		IRTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	XXVEVE	MARRIED -	9 BALTIMO	RE CITY OR C		OF DEATH	
0		ORTH CAROL	ANI	U.S.A		WIDOWE		ONORCED	ANN	E ARUNI	DEL C	CUNTY	M
3		ITY OR TOWN OF DE	ATH 1	(IF NOT IN SU	HOSPITAL, NURSIN CHEACHITY, GIVE STREET RUNDEL GE	ADDRESS)				OCCUPATION CFOR MOST OF WO			OF BUSINESS O
3	13a. S	AL RESIDENCE (IF NUR STATE ARYLAND	13b COUNT	Y	136 CITY OF TOW CROWNSV	N 1	13d. INSIDE	CITY LIMITS?	13e.STREET /	ADDRESS / ZII Waterb	PCODE	Road	21030
20		EDWARD	M	IDDLE	AMOS			S MAIDEN NA	ME	MIDDLE	-	CLAR	iK
/	1	WAS DECEASED EVER YES, NO OR UNKNOWN) ES		WAR OR DATES)	239-34-3		RACEI	L E. WH	484 Wa ITAKER	terbury Crown	Rd.	le, Md	1. 21032
		18 CAUSE OF DEAT PART I. DEATH V		BY:	r line for (a), (b), an	dicui	0 D (Viren-	+			APPROX BETWEEN	ONSET AND DEATH
		Conditions, if ony gave rise to im couse (o), statiunderlying cause	mediote ng the	(b)_	DR AS A CONSEQUE	10.le	66	Hono	earci	ions	2	-	Russ
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART							N IN PART 1	a				
2	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT				OPERATION	WAS PERF	ORMED	200 AUTO			WERE FINDING CAUSES		
7	AL CE	21g ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	HOUR A	OF INJURY L.M. MONTH DA	AY YEAR	21c. HOW	njury occuri	RED (ENIER NA	TURE OF INJURY IN	ITEM 18 PA	RT I OR PART 2)	
	MEDIC	21d. INJURY OCCUR			OF INJURY	ARM, ETC.)	21f LOCAT			CITY OR TOWN		COUNTY	STATE

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT	
			YES NO	YES	NO 🗌
21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IS PART I OR PART?	j
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
220.1 certify tha (II)(this haspital)	attended the deceased from	, 19 3 C	10/100.	8 19 84	, that (i) (we)

sow the deceased of year abave, (D(we) (did) (did not) view the bady after death and that in (my) (aur) opinion death occurred on the date and haur and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE S/CNIED DIRECTOR PHYSICIAN ATTENDING -- PHYSICIAN 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL BP

23b. DATE -1984 23c. NAME OF CEMETERY OR CREMATORY MARYLAND

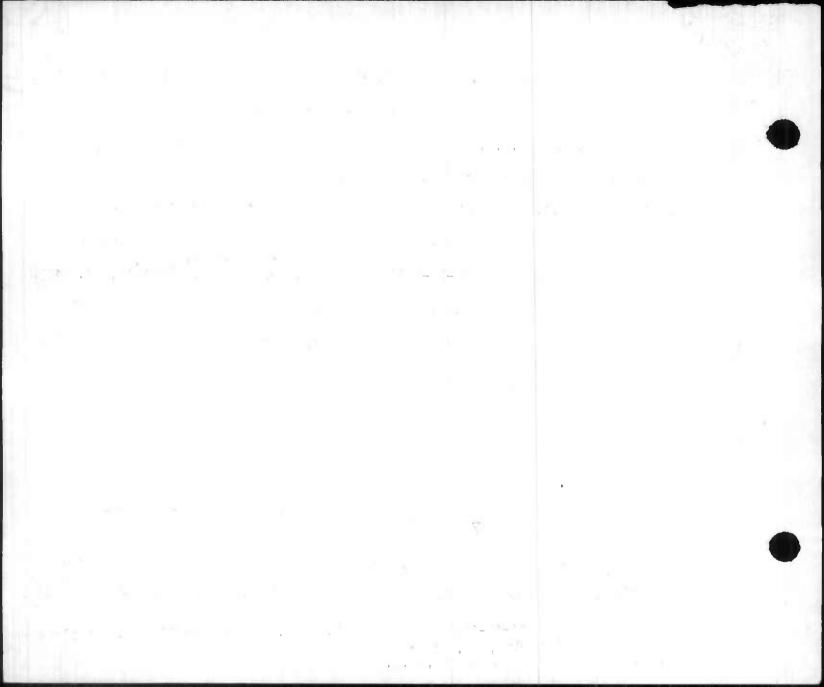
23d. LOCATION CITY OR TOWN

COUNTY

24 FUNERAL DIRECTOR TOR Annapolis, Md. 21401 REESE & SONS MORTUARY, P (VRA 15, 4)

ME. Crownsville A. A. Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR S SIGNATURE Son-Randare

DHMH - 16 50M 4/83



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a. DATE OF DEATH DECEASED NAME FIRST (TYPE OR PRINT) Pierce G. White 3. SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR white male 8/7/1903 BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S.A. Georgia WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 51 Gentry Court Annapolis JAL RESIDENCE (IF NURSING I ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136. CITY OR TOWN 113d INSIDE CITY LIMITS? YES [NO X 149 Dade Miami Shore 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST White Reuben Pierce Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Sara physician 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse lost a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Sign CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION ial-transit printer this certificate 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d IN JURY OCCURRED 21e PLACE OF INJURY 21f LOCATION the

26 HOUR IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Co. Anne Arundel 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY Adm. School 13e.STREET ADDRESS / ZIP CODE N.W. 100 MIDDLE Birdsong Katherine 51 Gentry Court White Annapolis, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MEDICAL STATE CITY OF LOWN LAT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 220-1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236 DATE CITY OR TOWN Fla.

STATE OF MARYLAND

11/15/84 Dania Mem. Park Cem. Dania Burial 24 FUNERAL DIRECTOR Funeral Home Ann.

DHMH - 15 50M 4/83 (VRA 15, 4)

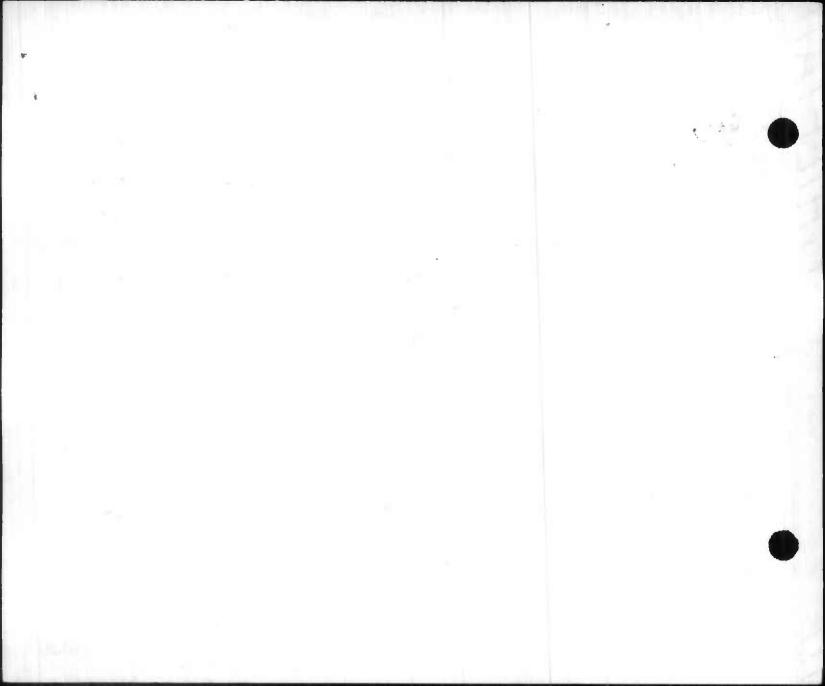
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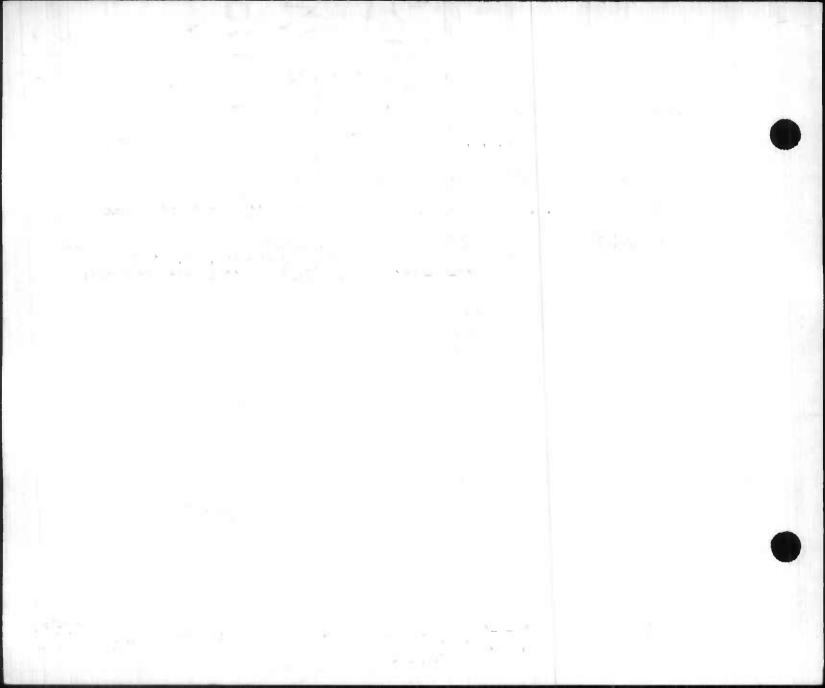
STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO

2	9	W. A. L.	2	Q
_		100		

1. DE	ECEASED NAME FIRST	WIDDLE	· ·	ASI	20 DATE OF DEATH	AONTH DAY YEAR	26 HOUR
(TYF	PE OR PRINT) HERB	ERT	WI	LKERSON		11-29-84	450
3 SE		RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
MA	LE	BLACK	1	6 29 EAR	55	YRS	
		b. CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF		
MA	RYLAND	U.S.A.	WIDOWE	DIVORCED	ANNE ARUNI	DEL COUNTY	
E. 470	INAPOLIS	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE ANNE ARUN DEL	EFT ADDRESS)		12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINES Y
± 13a.	JAL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT ARYLAND A.A	Y I3c CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 1136 Eastpo		140
1	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ΛE	A C TOTTAGE	
12/	MARION	WILKER		CHRISTI		H	ARRIS
0		WAR OR DATES!			napolis, And		
L med	NO	215-32-	8701	MARIE WILKER	SON 1136 Eas		
<u>\$/</u>	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line for (g), (b),	ond (c+.)				NAMATE INTERV
e > e	IMMEDIATE	3 Anna 1111	mill			21	475
ofic		DUE TO, OR AS A CONSEC	UENCE OF			111	las
50	Canditions, if any, which	(16) 6+035A				10	273
F .	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	/ Λ.		10 -	
at a	underlying cause last.	(Isah	PWIC	unscale Di	Sure	1/10	45
njury, o	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR COND	ITION GIVEN IN PART	lio
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	ATWAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
\$ 1 B	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
d or from	21d INJURY OCCURRED	21e. PLACE OF INJURY	F FARM FIC)	211 LOCATION STREET	CITY OR TOW	IN COUNTY	STA
y ×	AT WORK NOT WHILE AT WORK				-104		
8	22a I certify that (I) (this haspite	ol) attended the deceased from	n	, 19 80	_, to _ Al Dest	. 19	, that (I) (w
21.	sow the deceased alive on above, (1) (we) (aid nat)	view the body after death	, 0	nd that in (my) (our) apinion (death occurred on the da	e and hour and from th	ne couses stat
te a	22b. SIGNATURE			DEGREE		. / /	ESIGNED
5	1 () (~	de		ATTENDING PHYSICIAN [MEDICAL STAF		72
MPORTANI	224 PHYSICYAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	-		
23e	BURIAL, CREMATION, REMOVAL	23b. DATE 23	t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
В	URTAL	12-4-1984	PTNET.A	WN MEM. PARK	CITY OR TOWN	COUNTY	Maryl
24 F	FUNERAL DIRECTOAnnapoli	s. Md. 21401			REC'D BY PE CISURARD	Sh REGISTRATS SIGN	AIUDO
/83 W	ILLIAM REESE & S	ONS MORTUARY	P.A.		3 1984	a vavido	Amploston



oge 4 may be

executed with

requires that the death certificate be

ATTENDING PHYSICIAN The low

etained by the hospital as

TO HOSPITAL OR

ompletely filled in by the funeral and 2 should be filed within 72 l

medicol

morked or Item 18 shaws any injury, or other traumatic event, the

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coi should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar remaval.

1	-	FOR STATE REGISTRA
_	-	EASED NA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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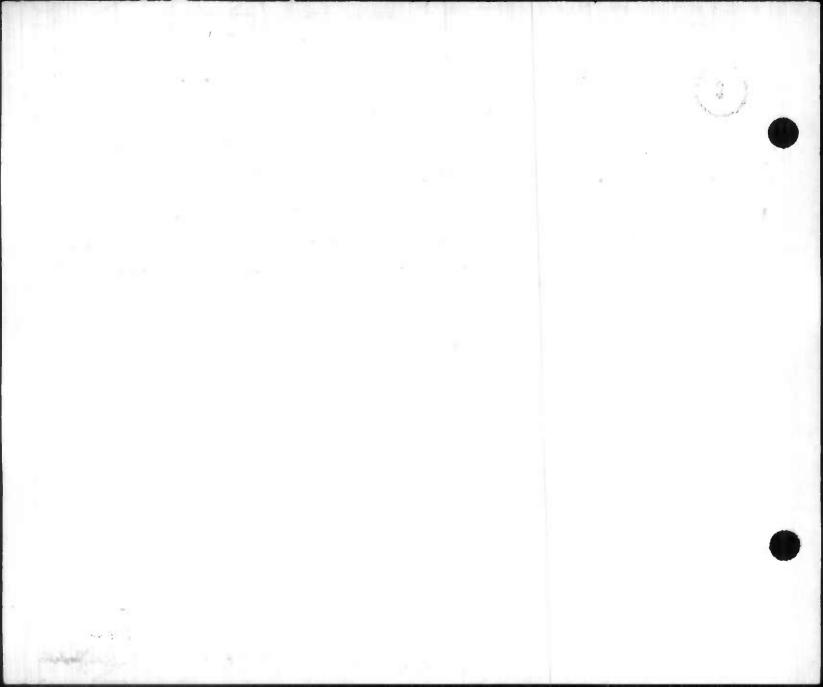
REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO).		
T DECEASED NAME	first louis	1	AIDDLE	-	LT.IAMS			11.23.	MONTH	DAY YEAR	26 HOUR 10:30
3. SEX male		4. RACE	lack	5 DATE C		YEAR		YEARS LAST BIRT		IF UNDER 1 YEAR	R F UNDER 74 HR
70 BIRTHPLACE (STATE COUNTRY) VIRC	OR FOREIGN GINIA	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE		MARRIED	9 BALTIM		_	Y OF DEATH	٨
BALTO.		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A 36 BERLIN	ADDRESS) AVE	OR OTHER IN	STITUTION	(TYPE OF WO	OCCUPATION OF FIN	WORKING L	IFE) INDUSTRY	OF BUSINESS C STRUCTION
USUAL RESIDENCE (IF N 130 STATE MD	136 COUN	ITY	130. CITY OR TOW BALTO		YES 🗌	CITY LIMITS?	23	ADDRESS /			22.5
DAVE DAVE		MIDOLE	WILLIAM		RH	PRST ODA	ME	WIDDLE	W	illia	AST
(YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	216 05 8		VIRC	INIA JO	NBS	223 1		LVER ST	DXIMATE INTERVAL
	immediate ating the use lost.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE HYTER DINTRIBUTING TO D	NCE OF	eroti NOT RELATE		art	~	eas		
190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20e AU	TOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES []	OINGS USED
OR CONTRIBUTING ((IF EITHER NOTIFY A 21d INJURY OCC	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED		FINJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, F	19	211 LOCAT		RED TENTER	CITY OF 10		PART OR PART 2)	STATE
220. I certify that	220.1 certify that (I) (this haspital) attended the deceased saw the deceased alive on November 13 obove, (I) (we do did (did nat) view the body after death				DEGREE	y) (aur) apinion					that (I) (we) lone causes stated
22d. PHYSICIAL (*S	NAME (TYPE O	,	Bonelli	,	MD 22e. ADDR	ATTENDING PHYSICIAN [1 /	STAF R PHYSIC PHES	IANK)	pital	1/26/8

DHMH - 16 50M 4/83

231 NAME OF CEMETERY OR CREMATORY 236. DATE

250 DATE REC'D.

(VRA 15, 4)



STATE OF MARYLAND

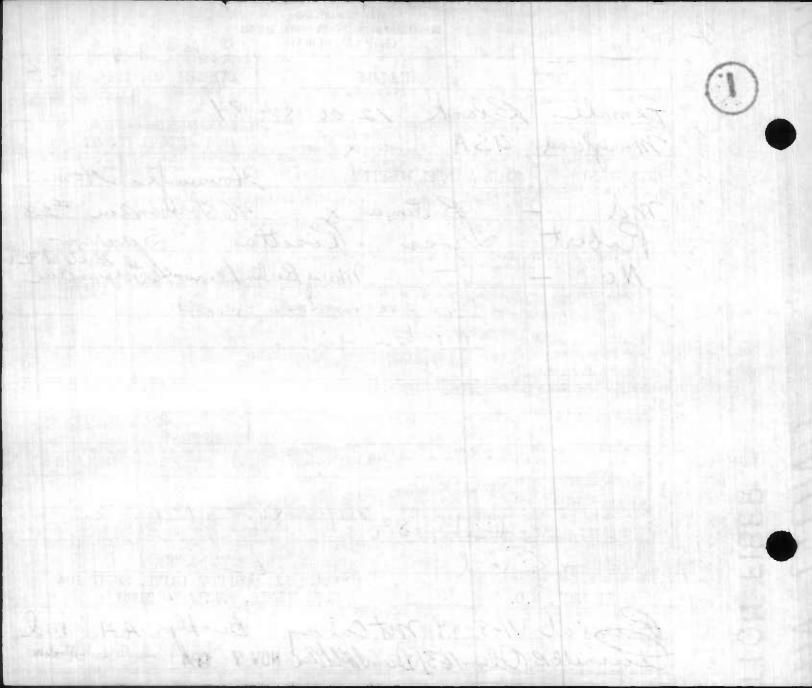
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1	- STATE REGISTRAR	CERTIFIC	CATE OF DEATH	8 4cc.N	0 2 0	EST
	CEASED NAME PRO-	MUDIE (a)		3s DATE OF DEATH	SOUTH TOO IT IS	12AOUI2
	ROSETTA	WILLIAMS		NOVEMBER	03, 1984	1035 PPI M
1 SE	Emale 1	Black 12	26 1899	84	PRS. PROPERTY DAY	The second second second
76. 85	Maryland 1	USA MARRIED WIDOWED		and the second s	INDEL COUNTY	
G	LEN BURNIE N	NAME OF HOSPITAL NURSING HOME OF		17th USUAL OCCUPATION WORLD		ON A
dsU 11g	AL RESIDENCE IN HURLING POWE OF COUNTY	EN HISTORICA CIVE HEISENCE EN COME LONGELICON	IJA INSIDE CITY LIMITS?	13-STREET ANGRESS	PIP CODE	VIERS
1.1.	Printert .	.00	Losett	a mone	Span	erv
	MAS DECEASED EVER IN U.S. ARMED		Mary Real	ADDRES -	46 Jorma	eti Mal #23
	III. CAUSE OF DEATH LEATHER ONLY OF PART I. DEATH WAS CAUSED BY	me come per lige for int, this and is:	The same	neces	-	CHIMATE BUTTEVAL EN CONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse ID, stating the underlying cause last.		of delivery	Tres		
N	PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE OF CON	DITION GIVEN IN PART	line
CERTIFICATION	TN: DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION	WAS PERFORMED	78e AUTOPSY?	MIL IF YES, WERE FINING CAUS	
AL CER	218. ACCEDIT WAS UNDERLYING CONTRIBUTING CCAUSE OF DEATH 18 ECHER, NOTEY MEDICAL TRANSMER	THE TIME OF PULLEY HOUR A.M. MONTH DAY YEAR P.M. 19	TIL HOW INJURY OCCURR	ED (ENTENATUR OF MIN	EFFERDA IN PART I DEFARED	D.
MEDICAL	214. IN-JURY OCCURRED WHILE HOT WHILE AT HOTHER AT HOME	21e. PLACE OF INJURY TATHONE, SHEET FACTORS, DEFICE FARM, ETC.1	JII LOCATION	com ow so	OWN COUNTY	STATE
	22s.F enetify that (1) (this hospital) saw the decrosed alive on show, (1) (we) (did) (did not) in	(1) 7 19 X Tond	17 19 X 4 I that in (my) (our) opin-on s	to feath accurred on the d	1919	L, that (1) (we) lost the causes stated
	TESIGNATURE 6		ATTENDING PHYSICIAN	MEDICAL STA	FF	NTE SIGNED
	224 PHYSICIAN'S NAME (THE OFFICE		22e ADDRESS 325		RIVE, SUITE	104
23e 1	RECEPTED L		GLEN BURNT. METERY OR CREMATORY	MARY LAND	21061	. 0
6	Darial.	11-8-84 mtl	Calvary	Brockly	m AA.	ma
E	tunell B.	Oden-1631 Druid	Hetlan NO	V 7 1984	Grana Devidson	Adnotable

DHMH - 16 50M 4/83 (VRA 15, 4)

to FUNERAL DIRECTOR chause be demoked for un with the State Dept. of the MPDRTANT. If them 21 is

ATTENDING PHYSICIAN The



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after retained by the haspital an attending physician.

BP DHMH - 16 50M 4/83 (VRA 15, 4)

	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 4	2 9 2 3 ESTATE
	DEGEASED NAME EIRST	MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
		IARD G	WILSON	NOVEMBE	
3	SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
11.	MALE	CAUCASIAN	FEB. 28, 1913	71	YRS
7/1	COUNTRY) CAROLINA	UNITED STATES	* MARRIED NEVER MARRIED WIDOWED DIVORCED		COUNTY OF DEATH RUNDEL COUNTY MD.
	GLEN BURNTE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUND)		12a USUAL OCCUPATION	VORKING LIFE) INDUSTRY
20	SUAL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		
9/1	GRYLAND ANN	1		136 STREET ADDRESS / 2 28 CHESTNA	
	GEORGE	W. WILSO	N TRENE	MIDDLE	BOND
16	WAS DECEASED EVER IN U.S.	GIVE WAR OR DATEST			4211 GOLDEREST DR.
		W II 220-03	-2935 GEORGE W.	WILSON, JR.	CHESAPEAKE, VA. 23325 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ws ony injury, or other	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY?	TION GIVEN IN PART TIO 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcirc \text{NO} \(\bigcirc \text{NO} \)
8 sho	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	
-/ ///	OR CONTRIBUTION TO CAUSE OF		DAY YEAR		
Ked or he	THE EITHER, NOTIFY MEDICAL EXAM 216. INJURY OCCURRED WHILE AT WORK AT WORK	218. PLACE OF INJURY LAT HOME, STREET, EACTORY, OFFICE.	211 LOCATION	CITY OR TOWN	COUNTY STATE
21 is mor	22a. I certify that (I) (this ha	ospital) attended the deceased from an	P 1-4	n death accurred on the date	. 19
T. H. Hea	IN SEGNATURE	Ble Co	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
IMPORTANT: H	DD CLEM	PE OR PRINT) N ROBBINS	22e ADDRESS	1404 CRAIN HI URNIE MARYLAN	GHWAY SOUTH
₹ 7	Burial, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d LOCATION	11 2.1001
	BURIAL FUNERAL DIRECTOR	Nov. 7, 1984 G	LEN HAVEN CEMETERS	CITY OR TOWN	ANNE ARUNDEL MD.
1/83	O NAME O	rancs Seve	RITCHIE HWY. RNA PARK, MD. W.	15 Ton Gul	Weight Andres

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